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ABSTRACT

This evaluation report presents the accomplishments of the Improving Instruction Through Supervision Project since its implementation, with specific emphasis on 1977-78. The project was undertaken in Region VI of the District of Columbia Schools and was designed to improve the skills of administrators in supervising teachers. The program is based on the clinical supervision model that emphasizes a supportive and nonthreatening approach to supervision. Several methods of evaluation were used including examination of records, viewing of video tapes of practice, peer evaluation in conferences, a final exam for teacher participants, and a questionnaire of teacher opinion. A synthesis of these methods revealed a large number of findings concerning the program. Results indicate that the basic prerequisites for program implementation have been accomplished. All Region VI administrators and 153 Region VI teachers have been trained. The plans for each school have been formulated. All schools have moved progressively to implementation of the clinical model. Subsequent evaluations must be structured to monitor and document changes in affective behavior of school administrators and teachers and affective and cognitive behavior of students. A lengthy appendix presents measurement instruments and additional data. (Author/JM)

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IMPROVING INSTRUCTION THROUGH SUPERVISION

Evaluation Report 1977-78

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PART I

CHAPTER I

INTRODUCTION

The Improving Instruction Through Supervision Program represents an innovative program in providing on-the-job training for regional staff and school administrators, public schools and parochial schools in Region VI of the District of Columbia Schools for the purpose of improving their skills as supervisors of teachers. The Project was conceptualized based on the fact that evidence has shown that there is a need to provide resources at the local school level to give assistance to teachers in the improvement of instruction within their individual classrooms, since these resources are no longer provided by the school system.

The program is designed to place emphasis on learning to apply the concept of clinical supervision. This clinical supervision model focuses on assisting teachers in their professional development using a supportive and non-threatening approach. The Improving Instruction Through Supervision Program is designed to assist supervisors in obtaining competency in leading teachers through a clinical cycle using classroom observation data, nondirective feedback techniques, and various planning and in-service experiences to produce improved teacher behavior.

The Project was funded through ESEA Title IV funds of the Public Schools of the District of Columbia in July, 1977. The Project funds under Title IV of the Elementary and Secondary Education Act are made available annually for innovative educational projects. Innovative aspects of the Project include: the field training of supervisors as they perform their role as supervisors; the development of a strong system of supervisory support for teachers at the local school level; the formal training of teachers to provide peer assistance within their own school setting; and a region-wide focus on the improvement of instruction through supervision.

Some activities of the Project were implemented in the 1976-77 school year on a pilot basis to determine the suitability of this approach to the needs of administrators in Region VI.[1] Subsequently, in 1977-78, the Project moved to implementation on a region-wide basis.

This evaluation report documents the accomplishments of the Project since its implementation, with specific emphasis on accomplishments during the 1977-78 project year.

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[1] Most administrators were provided training in the 1976-77 school year. Although training sessions have continued for administrators, major emphasis in the 1977-78 school year has been on teacher training.

CHAPTER II

PROGRAM DESCRIPTION

The administrative structure of the D.C. Public Schools is unique because of the combined city-state status of the Nation's Capital. The state and local functions of public education normally found in separate agencies in other states are integrated into one system in the District of Columbia with one superintendent and one board of education. The school system maintains the state function for the Title IV grant programs through the state education agency, under the Division of Grants Administration, and the local function of the local education agency through six regions with regional superintendents.

The state education agency is responsible to the Superintendent of Schools, the Board of Education, and the Office of Education for meeting and monitoring all federal requirements, program design, fiscal control, management and communication. The ESEA Title IV State Office Coordinator is the responsible official.

The staffing structure of the Improving Instruction Through Supervision Project consists of the Region VI Superintendent, a Project Director, Coordinator for the Teachers Component, Coordinator for the Administrators Component, and a Consultant.[1] A description of the organizational structure of the Project is given in Appendix A.

Target Population

The District of Columbia has the fourteenth largest public school system in the United States, ranking ninth among urban school systems.

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[1] All staff of the program are assigned to functions in their respective roles on a part-time basis by the D.C. Public Schools. No personnel positions are funded by the Project.

In the 1977-78 school year, the Public Schools of the District of Columbia served approximately 120,672 students.

Target schools for the Improving Instruction Through Supervision Project are all schools in Region VI of the Public Schools of the District of Columbia. As shown in Appendix B, Region VI has approximately 18,629 students.[1]

During the 1977-78 school year, approximately 66 administrators from D.C. Public Schools, 4 administrators from parochial schools, 151 teachers from public schools, plus 30 peer teachers and 2 parochial school teachers participated in the Project (Appendix C).

Needs Assessment

The role of the supervisor as a tool for the improvement of instruction has historically been under-utilized and unresearched by empirical and educationally applicable methodologies. Cogan (1973) states that "systematic observation of classroom interaction has arrived late in the history of education." He further states that "What little there is of it has been done by researchers rather than by supervisors. And even the researchers appear reluctant to enter the classroom in order to collect their data about instruction."

Supervision has often not been implemented as a positive approach to improving instruction. The entire function of classroom observation has been inadequately conceptualized as evaluation of the progress made by a class, rather than the diagnosis of serious and possibly disabling weaknesses in the teacher's method of instruction. Additionally, the teachers' general distaste for elaborate observation and

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1/ Source: Data Resource Book; Division of Research and Evaluation, Public Schools of the District of Columbia, March, 1978.

their fear of the supervisor's "little black book" coupled often with the supervisor's disinclination to become the target of the teachers' hostility has often led to lag and ultimate extinction of supervision as an effective practice in many schools and school systems. Where supervision continues to exist, for whatever reason - perhaps because of the "taken for granted," somewhat ephemeral place of supervision within the school system - there has been relatively little interest in or energy expended on trying systematically to understand the interactive world of the supervisor and teacher as a means of improving instruction. (Blumberg, 1974).

The Public Schools of the District of Columbia "no longer provides this assistance (supervisory) through the traditional means of an itinerant corps of supervisors. Therefore, based on observations by Region VI administrators of the Public Schools, and the level of student achievement on the reading and mathematics criterion-reference tests, a need was indicated to provide assistance to teachers in the improvement of instruction within individual teachers' classrooms. The Improving Instruction Through Supervision Program is conceptualized as a possible solution to these needs. Additionally, several other crucial needs are cited for which solutions are addressed as a result of this project. They are as follows:

1. The need for increased teacher effectiveness to facilitate the successful implementation of a competency-based curriculum.
2. There is also a need for teachers to be trained in observation skills in support of the new teacher evaluation procedures.
3. At the secondary level, there is a need to strengthen the role of departmental chairman in providing assistance to teachers.

PROGRAM OBJECTIVES

The major objectives of the Improving Instruction Through Supervision Project are as follows:

A. The administrators in each participating school will be able to practice the skills involved in the clinical model for supervision, especially with regard to the following:

1. Observation and analysis of classroom teaching;
2. Conducting conferences with teachers, using a supportive approach;
3. Planning and providing experiences to produce improved teacher behavior; and,
4. Handling critical incidents.

B. Two (2) teachers in each school will have knowledge of the concepts and strategies of supervision, with an emphasis on clinical supervision, as a first step in their development as helping teachers.

C. Teacher participants will have a more positive attitude towards supervision as an aid in the improvement of instruction.

PROGRAM DESIGN

The Improving Instruction Through Supervision Project is operational under the administration of the Regional Superintendent, Region VI and the supervision of a Project Director and other project staff.

The Program has two basic components, a teacher component and an administrator component. The administrator component is designed to provide training and support to administrators so that they may acquire competence in the implementation of the clinical model in their respective schools. The teacher component provides training and support to teachers in schools of trained administrators, so that teachers can assist the administrators with implementation of the model.

Trained teachers and administrators work cooperatively and collaboratively to develop a plan for their school to implement the clinical supervision model.

Technical assistance is provided to teachers and administrators in implementing the model in their respective school.

Innovative aspects of the program include:

- the field training of supervisors as they perform their role as supervisors;
- the development of a strong system of supervisory support for teachers at the local school level;
- the formal training of teachers to provide peer assistance within their own school; and,
- a region-wide focus on the improvement of instruction through supervision.

Process Evaluation

The project has conducted in-house process evaluation since its inception and more specifically during the 1977-78 project year. This is a summative evaluation of the Project since its inception. As previously stated, the Project is an exemplary effort to provide on-the-job training for the regional staff and administrators for the purpose of improving their skills as supervisors of teachers.

The project has trained all Region VI administrators to serve as supervisors after obtaining competency in leading teachers through a clinical cycle using classroom observation data, non-directive feedback techniques and various planning and in-service experiences to produce improved teacher behavior.

The skills involved in the above procedure have been practiced by selected teachers from all schools in Region VI as well as by cadre of Peer Assistance Teachers, who have been provided training so that they have acquired the necessary skills to help fellow teachers in their professional development.

Coordination and Collaboration

The major purpose of this evaluation is to measure the extent to which the objectives of the Improving Instruction Through Supervision Program have been implemented and accomplished. Nevertheless, education researchers have come to realize that evaluation simply for evaluation's sake serves little or no purpose. Evidence has shown that the usefulness of an evaluation is increased when both the evaluation and those being evaluated are interested in the total process. The total process in this instance refers to the causal relationship or a practical explanation of how(s) and why(s) related to the findings of an evaluation.

The evaluator and client have collaborated on every aspect of this evaluation effort. The first design conference was held on May 15, 1978, at the Improving Instruction Through Supervision Program Director's Office. The conference was attended by Ms. Lavolia Vails of the Division of Research and Evaluation and Dr. Roberta Palmer, Director of the Improving Instruction Through Supervision Program. A thorough review of the program activities and previous evaluation activities was made, a major concern being documentation and accomplishments for the 1977-78 program implementation year.

The major consensus was that the evaluation design should be structured to determine which of the Improving Instruction Through

Supervision Program objectives have been met; which objectives should be addressed as priority; the cumulative effects of the project; and project plans for next year.

CHAPTER III

EVALUATION DESIGN

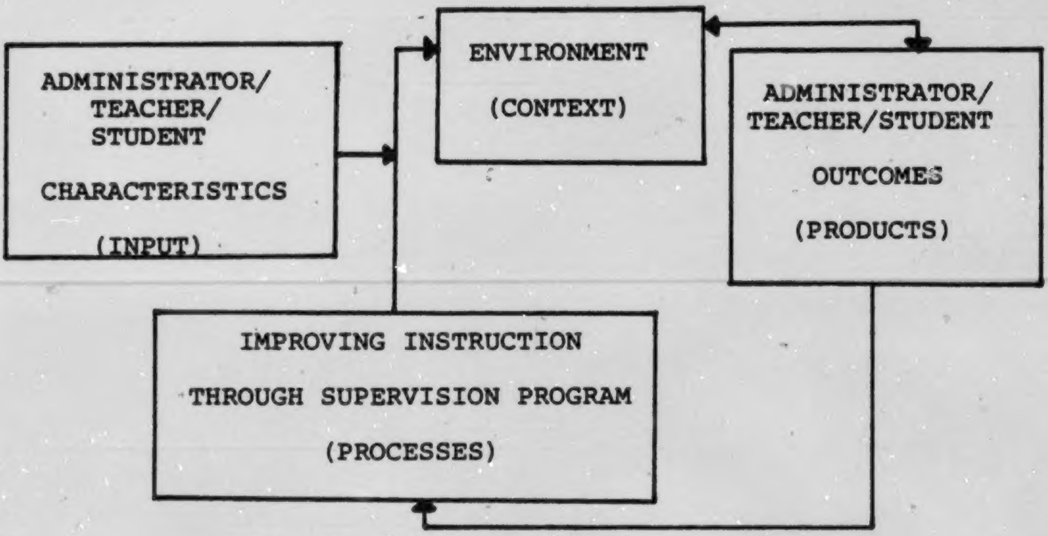
Several collaborative design conferences were held between the Regional Superintendent Region VI, the Division of Research and Evaluation representatives, Improving Instruction Through Supervision staff, and the evaluator. Because this is the initial year of the Project, it was felt that a comprehensive, summative review of Project processes and accomplishments was needed.

The question to be answered by the evaluation were related to specific program inputs, processes and outcomes.

The conceptual model utilized in this evaluation is therefore the CIPP model. The model as it applies to the Improving Instruction Through Supervision Program is represented in Figure 3.

Figure 1

EVALUATION MODEL


ADMINISTRATOR/
TEACHER/
STUDENT
CHARACTERISTICS
(INPUT)
ENVIRONMENT
(CONTEXT)
ADMINISTRATOR/
TEACHER/STUDENT
OUTCOMES
(PRODUCTS)
IMPROVING INSTRUCTION
THROUGH SUPERVISION PROGRAM
(PROCESSES)

The following major elements of the model were evaluated in this effort:

1. Context (Environment of Various Program Activities).
2. Inputs (Program Needs Participants/Objectives).
3. Processes (Program Activities).
4. Products/Outcomes (Project Objectives Accomplished).

Methodology and Research Design

The program proposal for the Improving Instuction Through Supervision suggests the following methodology to measure the program's effectiveness.

Objective(s)	Measurement/Evaluation
A. The administrators in each school will be able to practice the skills involved in the clinical model for supervision, especially with regard to the following: 1. Observation and analysis of classroom teaching; 2. Conducting conferences with teachers, using a supportive approach; 3. Planning and providing experiences to produce improved teacher behavior; and 4. Handling critical incidents.	The accomplishment of this objective will be determined by (1) examining records of project related observations and conferences, (2) reviewing video-tapes of some of the practice, and (3) observing the supervisors in action. Peer evaluation will continue throughout the project through team meetings and observations and conferences with individual administrators. The project consultant will monitor the progress of this phase of the project.
B. Two teachers in each school will have knowledge of the concepts and strategies of supervision, with an emphasis on clinical supervision, as a first step in their development as helping teachers.	The attainment of this objective will be evidenced by (1) a roster of teacher participants, (2) a record of their attendance at training sessions, (3) an outline of the training program, and (4) results of a final examination. The instructors for the teacher training program will monitor this phase of the project.

C. Teacher participants will have a more positive attitude towards supervision as an aid in the improvement of instruction.	The accomplishment of this objective will be determined by administering a survey instrument of teacher opinion to the teacher participants in October, 1977, and again in May, 1978. The survey instrument will be developed by the project consultant and administered by the project director.

Sampling Plan and Procedures

Because of the pilot nature of the Improving Instruction Through Supervision Project, the participating population is small when compared to the entire school system. At the inception of the evaluation, a total of 66 administrators from Region VI of D.C. Public Schools, 4 administrators from parochial schools within Region VI, 151 teachers from D.C. Public Schools within Region VI, plus 30 peer teachers from throughout D.C. Public Schools, and 2 parochial school teachers had been trained and were participating in the Project. Several questions had to be addressed in order to conduct a summative evaluation of the Project, namely:

1. Who were the administrators and teachers trained?
2. What training did each receive? What did they learn?
3. How had those persons trained applied their training to their respective job role and setting? and
4. To what extent had others been trained by the training recipients?

Additional design conferences were held with the administration and staff of the Improving Instruction Through Supervision Project to develop adequate time frames and procedures to collect the necessary data for program evaluation. As a result, it was decided that the entire population of participating administrators and teachers would be administered instruments.

There were several constraints in the data collection activities. One major constraint was that it occurred during the week prior to and after school closing. Therefore, the expected return of 100% of all instruments administered did not occur.

Tables 1 and 2 give the analysis of sample and population for teachers and administrators participating in the Project.

Table 1

Participating Administrators
Population and Sample

Participating Administrators	Population	Respondents	Respondents
Region VI D.C. Schools	66	26	39.4%
Region VI Parochial Schools	4	0	0%
Totals	70	26	37.1%

Table 1 shows that approximately 37.1% of the participating administrators responded to the instrument.

Table 2

Participating Teachers
Population and Sample

Participating Teachers	Population	Sample Respondents	Percent Respondents
Region VI D.C. Schools	151	58	37.9%
Region VI Parochial Schools	2	0	0%
Peer Teachers - Public Schools	30	2	6.7%
Totals	183	60	32.8%

As shown in Table 2, approximately 37.9 percent of the participating teachers and 6.7 percent peer teachers responded to the instrument.

The collaboration and close coordination of the Improving Instruction Through Supervision Program administration and staff, representatives of the Division of Research and Evaluation, and the evaluation team resulted in a clear indication that this evaluation year was a most crucial one in determining program direction as well as evaluation design strategies to be employed in the future. All agreed that the maximum expectation was to get specific information on how much the Improving Instruction Through Supervision Program has accomplished, and what its major direction and emphasis should be for the future.

The evaluation design evolved to measure several specific program areas identified as major program emphases for this year:

- Administrator Training Program
    1. Who participated?
    2. What did participants do with what they learned related to the objectives of the Program?
    3. To what extent is the clinical supervision model being implemented in those schools where administrators have been trained?
    4. What plans have trained administrators made to continue implementation of the clinical supervision model in the future?
- Teacher Training Program
    1. What teachers have been trained in the clinical supervision model?
    2. How have teachers who were participants in the training program been able to utilize the competencies which they have acquired?
    3. How have teachers worked with trained administrators in their schools to implement the clinical supervision model?

- Improving Instruction Through Supervision Program Operation
    1. Staffing
    2. Activities Implemented
    3. Formative Evaluation
    4. Monitoring and Follow-Up

As each aspect of the evaluation was to be implemented, design and planning conferences were held. The instruments utilized to conduct this evaluation are discussed here.

Instrumentation

The effectiveness of an evaluation is dependent upon the quality of the instrumentation utilized to collect data. All instruments utilized in this evaluation were collaboratively developed by the evaluation team, the Division of Research and Evaluation and the Improving Instruction Through Supervision staff (see Appendix D). The following instruments were developed:

- Staff Interview Instrument
- Participating Administrators Questionnaire
- Participating Teachers Questionnaire

Staff Interview Instrument is designed to collect information on specific program activities which have been implemented during the project year, plans for program implementation for the next project year, and specific recommendations for change to improve program performance. The Regional Superintendent and all Improving Instruction Through Supervision Program staff were administered this instrument. The major consultant to the project was also administered this instrument.

Participating Administrators Questionnaire is designed to collect information from those administrators who were training participants in the Improving Instruction Through Supervision Program regarding verification of their participation, what they learned as a result of participation, how they used their learnings in the school setting in which they serve, and their plans for continuing to use their skills to improve reading achievement in their schools.

Participating Teachers Questionnaire is designed to collect information from those teachers who were training participants regarding verification of their participation, what they learned as a result of participation and how they have utilized their learnings in the school settings in which they serve.

The next section of this report gives the results of all evaluation activities, and findings and recommendations made as a result of this evaluation effort.

PART II

CHAPTER IV

ANALYSIS OF EVALUATION FINDINGS

As stated in previous sections of this report, the major purpose of this evaluation effort is to determine the extent to which the Improving Instruction Through Supervision Program has implemented and accomplished its stated objectives. In order to present evaluation results in a systematic manner to vividly show program accomplishments, the format for this section will be: the statement of each Improving Instruction Through Supervision objectives; and, delineation of the specific findings related to it. The evaluator feels that this format will serve several important purposes:

1. Each objective of the Improving Instruction Through Supervision Program will be shown with the corresponding data to show the extent of its accomplishment; and,

2. Specific areas where improvement in program performance are required to accomplish each objective will be specified.

Objective 1: THE ADMINISTRATORS IN EACH PARTICIPATING SCHOOL WILL BE ABLE TO PRACTICE THE SKILLS INVOLVED IN THE CLINICAL MODEL FOR SUPERVISION, ESPECIALLY WITH REGARD TO THE FOLLOWING:

A. OBSERVATION AND ANALYSIS OF CLASSROOM TEACHING;
B. CONDUCTING CONFERENCES WITH TEACHERS, USING A SUPPORTIVE APPROACH;
C. PLANNING AND PROVIDING EXPERIENCES TO PRODUCE IMPROVED TEACHER BEHAVIOR;
D. HANDLING CRITICAL INCIDENTS.

Findings:

The Staff Interview Instrument, Administrators Questionnaire and Teacher Questionnaire were structured to verify several specific facts concerning the Improving Instruction Through Supervision Program related to Objective #1. First verification of the Program's existence; second, verification of administrators training; and, third, verification of the practice of the model in each of the skills areas specified.

Results of the staff interview instrument and data provided by the program staff indicated that training sessions for administrators were conducted as shown in Table 3.

TABLE 3

Analysis of Training Sessions for Administrators

Dates	Topics
November 12, 1976	Overview of Supervision
November 19, 1976	Alternative Models of Supervision
December 3, 1976	Clinical Supervision
December 9, 1976	Observation and Analysis of Classroom Teaching
December 16, 1976	Conferences: Purposes and Procedures
January 7, 1977	Group Supervision
January 13, 1977	Handling Critical Incidents
January 21, 1977	Evaluating Oneself as a Supervisor
February 3/4, 1977	How to Evaluate a Supervision Program
February 23/24, 1977	Concepts and Strategies in School Supervision
March 17, 1977	
March 23/24, 1977	
March 31, 1977	
August 26, 1977	
October 13, 1977	
February 9, 1978	On-the-Job-Time, Use in Supervisory Activities
May 18, 1978	Clinical Supervision

Administrators responding to the questionnaire also indicated that they attended sessions during the 1976-77 and 1977-78 school year and indicated the purpose of each session attended. An analysis of sessions attendance frequencies are shown in Table 4.

An analysis of responses to the administrators questionnaire revealed the representation of administrators at training sessions in the clinical supervision model as follows:

TABLE 4

Analysis of Training Sessions Attended by Administrators

No. of Sessions	No. of Administrators	Percent of Total (N=24)
a) 1-3	2	8.3%
b) 4-6	5	20.8%
c) 7-8	0	0.0%
d) 9-10	8	33.3%
e) OVER 10	2	8.3%
*f) ALL	4	16.7%
g) NR	3	12.5%
	24	

*ALL=All 13 administrators' training sessions along with special sessions for administrators.

The highest reported attendance frequencies were on the following dates:

	N	
1) November 12, 1976	13	- Overview of Supervision
2) November 19, 1976	13	- Alternative Models of Supervision
3) December 3, 1976	13	- Clinical Supervision
4) January 13, 1977	11	- Handling Critical Incidents
5) January 7, 1977	9	- Group Supervision
6) December 9, 1976	9	- Observation and Analysis of Classroom Teaching
7) December 16, 1976	9	- Conferences: Purposes and Procedures
8) January 21, 1977	8	- Evaluating Oneself as a Supervisor

Results of the administrators questionnaire indicate that all participating administrators perceive the purpose of the Improving Instruction Program as being to improve classroom instruction through improved teacher performance (N=15 or 62.5%); and, that most administrators perceive the objectives of the Program to be: 1) to provide for the development and implementation of a program of peer supervision which serves as an aid to the instructional process in schools, 2) to provide for improved communication between administrators and teachers; and 3) to provide for improved instruction/teaching techniques through improved self-assessment (See analysis in Table 5).

TABLE 5

Analysis of Administrators' Perceptions of Project Objectives

N=24

OBJECTIVE	NUMBER	PERCENT
● To provide for improved communication between administrators and teachers.	12	50%
● To provide for the development and implementation of a program of peer supervision which serves as an aid to the instructional process in schools.	9	37.5%
● To provide for improved instruction/teaching techniques through improved self-assessment.	10	41.7%
● To provide for supervisory assistance/support for classroom teachers.	5	20.8%

Administrators also indicated that the skills which they learned as a result of the training received are predominantly those in the areas of diagnosis and analysis of classroom teaching and pre and post conferences, with 79% and 67% responding respectively. Thirty-three percent cited more skill in evaluation while 29% indicated organization and observation as skills acquired as a result of the training sessions attended. 8% reported handling critical incidents. These data are shown in Table 6.

TABLE 6

Analysis of Skills Learned by Administrators in Training Sessions Attended

N=24

SKILL AREA	NUMBER	PERCENT
● Diagnosis and analysis of teaching patterns.	19	79%
● Conferencing styles and techniques (pre and post)	16	66.6%
● Evaluation	8	33%
● Time management	7	29%
● Observation	7	29%
● Handling critical incidents	2	8%

Results of the analysis of responses on the administrators questionnaire indicated that the majority of the participating administrators (20.8%) stated improved ability to make evaluation, and, delegation of more responsibilities as changes in their approach to their administrative role as a result of training and experience in the clinical supervision model. Sixteen percent gave the responses: use the clinical supervision approach; more democratic supervision; support and involvement of teachers more in planning; and, more flexibility in planning; while 12.5% revealed a better understanding of the supervisory process and realization of the supportive as well as evaluative role of observation as changes they perceived in their approach to their administrative role. Responses ranging from 4.2% to 8.3% indicated the following as perceived changes: 1) Willing to take time to help teachers, more time for supervision; 2) Having conferences before and after observation; 3) involvement of parents; 4) More involvement in the classroom instructional process; and, 5) Assumption of more leadership in professional development of staff. These results are charted in Table 7.

TABLE 7

Analysis of Administrators' Indications of Changes in Approaches to Their Administrative Roles

N=24

RESPONSES	NUMBER	PERCENT
● Delegate more responsibilities	5	20.8%
● Improved ability to make evaluations	5	20.8%
● Use clinical supervision approach	4	16.7%
● Involve teachers more in planning	4	16.7%
● More democratic supervision	4	16.7%
● Better understanding of supervisory process	3	12.5%
● Realize supportive as well as evaluative role of evaluation	3	12.5%
● Hold conferences before and after observation	2	8.3%
● Take time to help teachers	2	8.3%
● More time for supervision	2	8.3%
● Emphasize relaxation	1	4.2%
● Listen more - talk less	1	4.2%
● Assume more leadership in professional development of staff	1	4.2%
● Involve parents	1	4.2%
● More involvement in classroom instruction	1	4.2%

Administrators questionnaire data revealed that 62.5% of the respondents felt that the aspect of the clinical supervision model which seems most feasible to use in their schools is the pre-conference, the major reason given being to establish rapport. Response patterns concerning the feasibility of using other aspects of the model are presented in Tables 8 and 9.

TABLE 8

Analysis of Administrators' Indications of Most Feasible Aspects of the Model to Use in the Schools
N=24

RESPONSE	NUMBER	PERCENT
● Pre-observation conference	15	62.5%
● Observation	14	58.4%
● Analysis	9	37.5%
● Conference	6	25.0%
● Post-conference	13	54%

TABLE 9

Analysis of Administrators' Reasons for Selecting Aspects of the Model as Most Feasible
N=24

RESPONSE	NUMBER	PERCENT
Pre-observation conference		
● establish rapport/framework	6	25.0%
● observation not seen as "threat"	3	12.5%
● establish cooperative lesson-planning	3	12.5%
Observation		
● Record classroom behavior and gather data	7	29.2%
● testing of "reality" by observer	3	12.5%

TABLE 9 (Cont'd)

Analysis of Administrators' Indications of Most Feasible Aspects of the Model to Use in the Schools

N=24

RESPONSE	NUMBER	PERCENT
Analysis		
• select issues and behaviors to be pursued further	2	8.3%
• record objective data	1	4.2%
Conference		
• provide for teacher self-evaluation	2	8.3%
• provide for professional interaction	2	8.3%
Post-Conference		
• Planning for next step(s)	5	20.8%
• Analysis of teaching strategies	6	25.0%
• Note areas of needed improvement	4	16.7%

Respondents revealed that as a result of their experiences in clinical supervision, the major change that they have seen as a result of practicing the model with teachers this year are, in the quality of planning and lesson plans, with 54% responding. Forty-two percent stated that there were more relaxed teachers, and the program improved teacher attitude and a willingness to share, while 16.6% indicated better use of instructional time, teachers willing to evaluate themselves and increased communication between pupils and teachers as changes seen in their building. Improved instruction was reported as a change by 12.5% of the administrators. See results presented in Table 10.

TABLE 10

Analysis of Administrators' Reports of Changes Seen as a Result of Aspects of the Model Practiced with Teachers

N=24

RESPONSE	NUMBER	PERCENT
• more effective lesson planning	13	54.2%

TABLE 10 (Cont'd)

Analysis of Administrators' Reports of Changes Seen as a Result of Aspects of the Model Practiced with Teachers

N=24

RESPONSE	NUMBER	PERCENT
• improved teacher attitude/ willingness to share	10	41.6%
• better use of instructional time	6	25%
• willingness for self-evaluation	4	16.6%
• increased communication between pupils and teachers	4	16.6%
• improved instruction	3	12.5%

Approximately 67% of the respondents on the participating administrators questionnaire indicated that the specific effect that the implementation of the clinical supervision model would have on their school would be improved instruction. 29.1% stated professionalism, while 16.6% indicated interrelationship of staff members. 20.8% reported change of attitude. There was a small percentage (8.3%) giving the following responses: 1) Opportunity for sharing, and, 2) Refinement of model. 4.1% stated interrelationship student/teacher, student achievement, less threat and self-assessment. Table 11 below presents a charted analysis of these data.

TABLE 11

Analysis of Administrators' Perceptions of Effect of Clinical Supervision Model on Schools

N=24

RESPONSE	NUMBER	PERCENT
• Improved instruction	16	66.6%
• Professional development	7	29.1%
• Change of attitude	5	20.8%

TABLE 11 (Cont'd)

Analysis of Administrators' Perception of Effect of Clinical Supervision Model on Schools

N=24

RESPONSE	NUMBER	PERCENT
● Interrelationship of staff members	4	16.6%
● Opportunity for sharing	2	8.3%
● Refinement of model	2	8.3%
● Interrelationship student/ teacher	1	4.2%
● Student achievement	1	4.2%
● Less threat	1	4.2%
● Self-assessment	1	4.2%

Results of data analysis, as shown in Table 12, revealed that administrators suggest the following changes in the training program for administrators as a result of training and experience with the clinical supervision model:

1) administrator and teachers should have time to train together;
2) mini course after school;
3) provide time during summer.

TABLE 12

Analysis of Changes in Administrators' Training Program Suggested by Administrators

N=24

RESPONSE	NUMBER	PERCENT
● Administrator and Teacher should have time to train together	4	16.7%
● Mini course after school	2	8.3%
● Provide time during summer	1	4.2%

Administrators reported as a result of participation in the administrators' training in the clinical supervision model that the aspect of the model which would be least feasible to use in the schools is group conferencing with 7% responding. Also cited as least feasible (4%) was the individual pre-observation conference. Reasons given related to the time and availability of personnel.

The result of the analysis of responses on the administrators questionnaire shows that 45.8% of the participating administrators plan to implement the clinical supervision model in the next year, while 41.6% plan to continue staff development, 21% referred to developing the action plan, and 12.5% reported provision of release time to work with teachers. When asked what strategy they plan to use to implement the clinical supervision model, participating administrators responded as shown in Table 13.

TABLE 13

Administrators' Indications of Strategies Which They Plan to Use to Implement the Model

	Number Responding	Percent of Responses
a. Implement the model with teachers in my school next year.	10	41.6%
b. Implement the model only with teachers who have been or are being trained.	6	25.0%
c. Implement the model with only those teachers who have been trained.	1	4.0%
d. Implement the model only with a few teachers	9	37.5%
e. Other	3	4.3%

Under the "Other" category, the following were specified:

1) Continue group meetings by department, grade levels. Hold individual pre-observation conferences when need is indicated;

2) Correlate teacher appraisal program and group clinical supervision; and,

3) Use especially the teachers from Phase II as peer teachers.

Objective 2:	TWO (2) TEACHERS IN EACH SCHOOL WILL HAVE KNOWLEDGE OF THE CONCEPTS AND STRATEGIES OF SUPERVISION, WITH AN EMPHASIS ON CLINICAL SUPERVISION AS A FIRST STEP IN THEIR DEVELOPMENT AS HELPING TEACHERS.

Results of the analysis of teachers' questionnaire data revealed that 98.6% of sixty-nine responding teachers indicated participation in the training in the Clinical Supervision Model. Represented in this number are 22 school units, including 2 high schools, 6 junior high schools, 12 elementary schools, 1 regional office, and a special education program. Two or more teachers responded to the questionnaire in sixteen (16) or 73% of the 22 school units while one teacher responded as having participated in the training in the remaining six cases (See Appendix C). There were two respondents to the Teachers Questionnaire who are participants in the Peer Assistance Teachers Program. Appendix C gives a breakdown of the actual number of participants in the training by school type and the number responding to the questionnaire.

TABLE 14

Analysis of Teacher Attendance at Training Sessions
N=65

Date(s)	Topic	Number of Teachers	Percent
1. 9/29/77	Orientation & Registration	30	42.9%
2. 10/3&6/77	Overview of Supervision and Instructional Development	29	41.4%
3. 10/11&13/77	Alternative Models of Supervision	29	41.4%

TABLE 14 (Cont'd)

Analysis of Teacher Attendance at Training Sessions
N=65

Date(s)	Topic	Number of Teachers	Percent
4. 10/17&20/77	Clinical Supervision	30	42.9%
5. 10/25&27/77	The Pre-Observation Conference	29	41.4%
6. 10/31/77 11/3/77	Observation of Classroom Instruction	30	42.9%
7. 11/7&10/77	Analysis of Patterns of Teaching	30	42.9%
8. 11/14&17/77	Supervisory Conference	30	42.9%
9. 11/28/77 12/1/77	Building a Program of Teacher Development	30	42.9%
10. 12/5,8,12, 15/77 1/3&5/78	Alternate Classroom Teaching Strategies	30	42.9%
11. 1/9&12/78	Helping Teachers With Classroom Management	28	40.0%
12. 1/19/78	Supervision in Specific Subject Areas and CBC	27	38.6%
13. 1/23&26/78	Where do we go from here	29	41.4%
14. 3/20/78	Evaluation	7	10.0%

Respondents describe the purposes of the training sessions attended as follows: 1) to introduce participants to alternate models of peer supervision; 2) to train participants in concepts and strategies of clinical supervision; 3) to improve instruction through supervision; 4) to aid participants in planning a program of peer supervision in their own schools; 5) to provide for teacher development; and, 6) to acquire skills to practice clinical supervision at the local school level. Respondents revealed that as a result of the training sessions that they attended, the skills that they have learned were in; observation, with 40% responding; twenty-nine percent stated analysis of patterns of teaching - learning behavior; while, 22.8% felt that conducting a pre-observation conference was the skill which they had learned as a result of training. Twenty percent felt learning of conference procedures; 17.1% cited interpersonal skills, along with individualizing instructions, while communication skills (public relations) and identifying/applying five steps of CS Model/components of CSM constituted 14.3% of responses. An analysis of skills learned are specified in Table 15.

TABLE 15

Analysis of Skills Learned by Teachers as a Result of Training
N=70

SKILL AREA	PERCENT OF RESPONSES
(1) Observation	40.0%
(2) Analysis of teaching/learning behaviors	28.6%
(3) Conducting the pre-observation conference	22.8%
(4) Conference	20.0%
(5) Individualizing instruction	17.1%
(6) Interpersonal relations	17.1%
(7) Communications	14.3%
(8) Application of the components of the Clinical Supervision Model	14.3%
(9) Post-Conference	12.9%
(10) Improving Instruction through Supervision	10.0%

As shown in Table 16, results on the teacher questionnaire showed that the trained teachers felt implementation of the model would affect teacher performance in their schools. 25.7% felt implementation of the model would improve teaching skills; 13% felt teachers would have more time to plan due to sharing of materials, and that teachers would feel more at ease to seek assistance from fellow workers. Better self-evaluation was an effect projected by 21.4% of teachers. Seven percent of the respondents felt the C.S.M. would help teachers feel more secure in teaching certain subjects and give better insight of their problems and abilities.

TABLE 16

Analysis of Teachers' Perceptions of Effect of Clinical Supervision Model on Schools

N=70

RESPONSE	NUMBER	PERCENT
● Better interpersonal relationships/more unity and willingness to work together	27	38.6%
● Better teaching/instruction	11	15.7%
● Exchange of ideas and expertise	7	10.0%
● Less threatening teacher appraisal	6	8.6%
● Better student performance	5	7.1%
● Improved adinistrative support for teachers	2	2.9%
● Problem solving	2	2.9%
● Positive affect	2	2.9%
● Improved classroom management	1	1.4%

92.8% of the teachers responding to the teachers questionnaire, reported that they have practiced aspects of the Clinical Supervision Model with other teachers in their school or region. There were 4.3% who responded that they had not practiced aspects of the model. The remaining 2.9% did not respond to this query. Those aspects of the Clinical Supervision Model practiced by participating teachers and the corresponding results are presented in Table 17 which follows.

TABLE 17

Analysis of Aspects of the Clinical Supervision Model Practiced by Teachers

RESPONSES	Number	Percent	RESULTS	Number	Percent
(1) Pre-Observation	51	72.9	Positive	48	68.6
			Negative	0	0
(2) Observation	48	68.6	Positive	41	58.6
			Negative	3	4.3
(3) Analysis	17	24.3	Positive	16	22.9
			Negative	0	0
(4) Conference	17	24.3	Positive	13	18.6
			Negative	0	0
(5) Post-Conference	39	55.7	Positive	35	50.0
			Negative	0	0

Teachers' questionnaire data revealed that 79.2% of the respondents felt that, as a result of the training received, they had made changes in their approach to their role as teachers, in their approach in helping co-workers, and in peer relationships; fifty percent stated communication, development of rapport, with 33.3% indicating that they now meet with other teachers as an effective group.

Teachers indicated that the aspects of the model most feasible to implement in their schools as shown in Table 18 were: observation and analysis of classroom teaching; planning and providing experiences to produce improved teacher behavior; and, conducting conferences with teachers using a supporting approach shown as the most feasible of all aspects to implement.

TABLE 18

Analysis of Teachers' Indications of Most Feasible Aspects of Model to Implement in Their Schools

Sub-Category	Responses	Number	Percent
a) Observation and analysis of classroom teaching	● Observation	14	20%
	● Analysis	14	20%
b) Conducting conferences with teachers, using a supportive approach	● Pre-observation Conference	16	22.9%
	● Post-Conference	11	15.7%
	● Conference	6	8.6%
c) Planning and providing experiences to produce improved teacher behavior	● Interpersonal relations and communications skills	14	20%
	● Alternate teaching strategies	7	10.0%
	● Developing goals and objectives	5	7.1%
	● Self-evaluation	2	2.9%
	● Individualizing Instruction	2	2.9%
d) Handling critical incidents	NONE	0	0.0%
e) All aspects of the model	All aspects of the model	10	14.3%

Suggested changes in the training program for teachers recommended by participating teachers, as a result of their training and experiences in the clinical supervision model are:

1) cut out round robin at beginning of classes - need more definitive placements, 8.6% responding;

2) frequent participatory experiences during peer supervision training, 7.1% responding;

3) sharing, analyzing and interpretating data with teachers, 7.1% responding;

4) small group sessions rather than open-ended discussions, 4.3% responding;

5) time for feedback from participants, 5.4% responding;

6) more instructors from secondary level, 4.3% responding; and,

7) release time for program implementation, 4.3% responding.

Objective 3: TEACHER PARTICIPANTS WILL HAVE MORE POSITIVE ATTITUDES TOWARDS SUPERVISION AS AN AID IN THE IMPROVEMENT OF INSTRUCTION.

Findings:

Thirty-three percent of the participating teachers responding to the Teacher Questionnaire indicated that as a result of implementation of the clinical supervision model that its major effect on teacher performance would be in the self-assessment and effective diagnosis of student needs areas. Twenty-nine percent stated that it would affect improvement of instruction and teaching techniques, as well as techniques for self-supervision. There were no aspects of the clinical supervision model rated as "not feasible" for implementation by any significant numbers of teachers responding to the teachers questionnaire. Rather, the results indicated general concern for time as a "restraining force" with regard to scheduling and/or carrying out the various activities related to successful implementation of the clinical supervision model.

The results of the analysis of responses on the teachers questionnaire showed that 35.7% of the participating teachers who had practiced various aspects of the model felt that they saw changes to improve relationships and the spirit of cooperation among staff. The next highest percentage of change shown, indicated by 14.3% of the teachers, was the opportunity to share resources. 11.4% felt changes were made showing more security on their jobs, while 8.6% saw that attitudes had become more positive. Teachers' receptiveness to the program was seen as a major change indicated in 10% of the responses.

The results of the analysis of the teachers' questionnaires showed that participating teachers had specific plans for implementing the clinical supervision model in their school next year. 8.6% felt a peer assistance program should be implemented and 14.3% felt that the building action plan should be implemented. 7.1%

planned to maintain positive, informative relationships, while 5.7% felt that planning workshops on specific needs was important. Other plans for implementing the model included, role playing activities, grade level meetings to reinforce program, models of supervision, teaching content of model during staff development meetings, setting up schedule of operation, and working through staff development through departments and across disciplines. According to reports of respondents on the Teachers' Questionnaire, implementation of the clinical supervision model will have an effect on their school. Some effects given were: Better teaching/instruction, encouragement of self-supervision and better interpersonal relations, with 38.6% responding. Ten percent cited less threatening teacher appraisal, while 7.1% indicated better student performance and positive change in learning as an effect of implementation of the clinical supervision model.

When asked in what ways implementation of the model would effect student performance in their school, teachers gave many responses related to both cognitive, affective, developmental and psychosocial effects. An analysis of these is shown in Table 19.

TABLE 19

Analysis of Teacher Responses to How the Clinical Supervision Model Would Effect Student Performance
N=70

	Responses	Percent of Responses
1) Cognitive	29	41.4%
2) Affective	22	31.4%
3) Psychosocial	19	27.1%
4) Developmental	14	20.0%

Teachers stated that they plan to implement the model in accordance with the strategies given in Table 20.

TABLE 20

Analysis of Teacher Plans to Implement Model

Response	Number	Percent
Help principal implement the Model with all teachers in my school next year.	46	65.7%
Serve as a helping teacher	57	81.4%
No Response	2	
Other:	17	24.3%

Other strategies cited were:

1) Staff Development (8%);

2) Being available for help whenever needed;

3) Giving whatever assistance that I can to my fellow teachers;

4) Serving on TAP committee;

5) Returning to graduate school;

6) Doing whatever is necessary to make this training a part of my daily actions to enhance education; and,

7) Assisting teachers in my department in achieving and maintaining teacher growth in instructions and running of their classroom.

A cross-tabulation of responses of teachers and administrators to select or list those factors that will influence the success of the implementation of the clinical supervision model in the schools is represented in Table 21.

TABLE 21

Analysis of Factors Influencing Implementation of the Clinical Supervision Model

N=24/N=70

RESPONSES	ADMINISTRATORS Number	ADMINISTRATORS Percent	TEACHERS Number	TEACHERS Percent
a. Teacher tenure	0	0.0%	3	4.3%
b. My ability to schedule time to work with teachers/other teachers.	22	91.6%	36	51.4%
c. All teachers being trained in the clinical supervision model.	10	41.6%	36	51.4%
d. Assistance from the clinical supervision staff and consultant when I need them.	5	20.8%	16	22.9%
*e. My principal and assistant principal working with all teachers in the school.			5	7.1%
f. Other	0	0.0%	2	2.9%
* Teachers Only				

It is apparent from the above results that administrators and teachers agree on the two major factors which will influence the successful implementation of the model in their schools. Succinctly, they are time and training. That is, time to work with others and training of all staff. Ranking third for both groups is the factor of assistance from the clinical supervision staff and consultant when needed by the teacher or administrator.

CHAPTER VI

IMPLICATIONS, RECOMMENDATIONS AND CONCLUSIONS

1. The Improving Instruction Through Supervision Program, is at the point where the basic training prerequisites for program implementation have been accomplished - all Region VI administrators have been trained; a total of 153 Region VI teachers have been trained (more than the 2 teachers per school specified in the Improving Instruction Through Supervision Program proposal). The necessary plans for each school have been formulated. Strategies to implement the program in each school based on each of these plans should be closely monitored by the staff of the Program on a weekly basis, initially, and then monthly, after most implementation plans have been instituted.
2. One of the evidences of program implementation provided to the evaluation team was the Region VI monthly Monitoring Summary Reports for November, 1977 through March, 1978 (See Appendix E). These reports indicate the level of implementation/operation of various programs of Region VI in each school, including the Improving Instruction Through Supervision Program. The reports indicate that the majority of the schools ranged, from being in the partially operational stages in November of 1977, to 21 schools indicating full operation, and two indicating partial operation in March 1978. This would indicate that all schools have moved progressively to implementation of the clinical supervision model. In the next Project year, formative and summative evaluation must be ongoing to closely monitor and

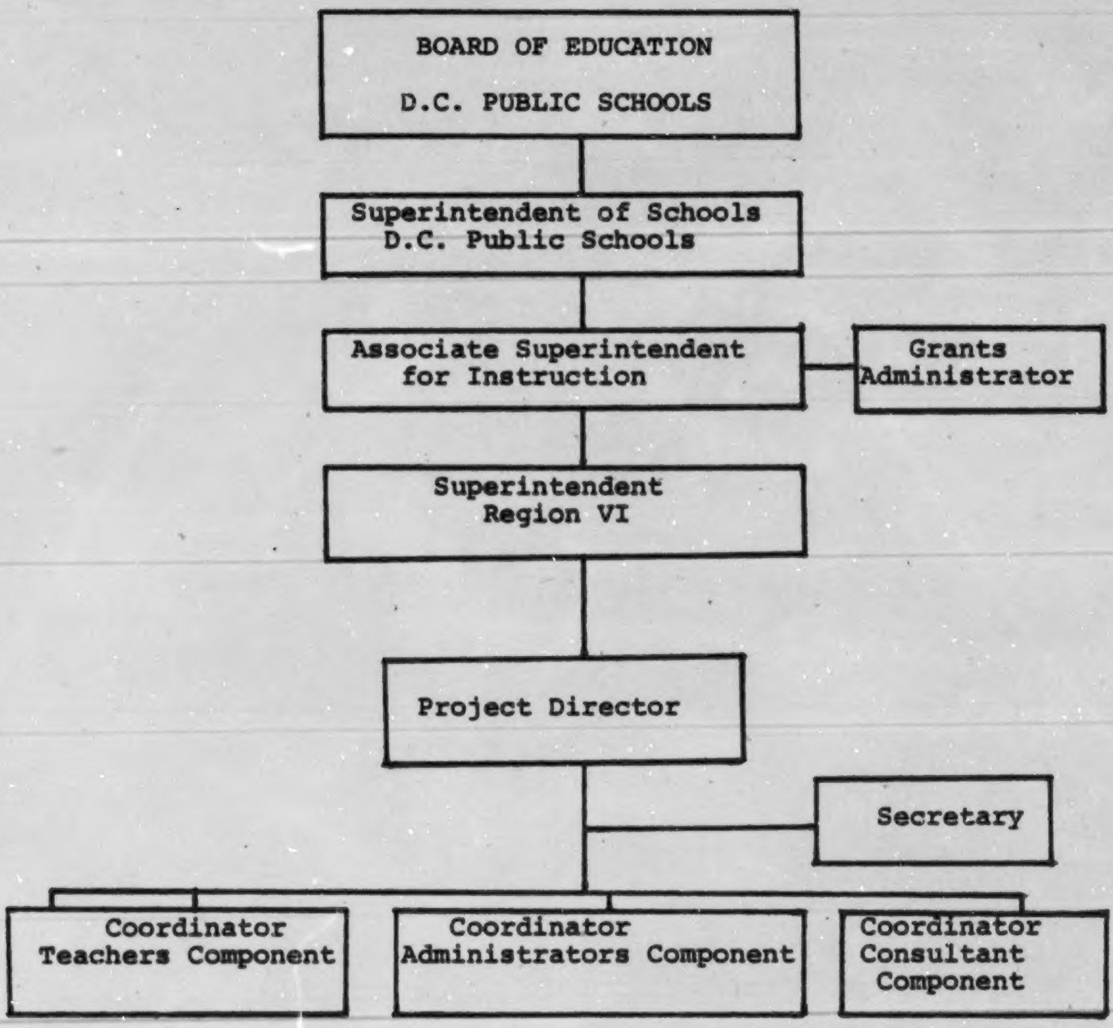
give evaluation feedback to Program staff so that those aspects of the program that are in need of improvement can be corrected immediately. Additionally, definition of each level of implementation and its exact meaning should be specified. For example, fully operational could be interpreted to mean that the clinical supervision model is completely implemented in a school. Data results have indicated that this is not true. Data results have indicated that implementation of the clinical supervision model has been on a limited basis in the 1977-78 project year.

3. The ultimate effectiveness of the Improving Instruction Through Supervision Project is related to measurement of specific affective and cognitive factors in the school setting, namely, change in affective behavior of the school administrator and teachers, and ultimately changes in affective and cognitive behavior of students. Subsequent formative and summative evaluations must be structured to monitor and document these changes and compare them with other schools whose administrators and teachers have not been trained in the clinical supervision model.
4. The Improving Instruction Through Supervision Project has a very efficient, structured organization. The staff and administration are very committed and dedicated to the Project. The Project should be continued with some consideration for expanding it to all schools within the District of Columbia. Consideration should also be given to validation of the Project.

APPENDIX A

ORGANIZATIONAL STRUCTURE OF THE IMPROVING INSTRUCTION THROUGH SUPERVISION PROGRAM

ORGANIZATIONAL STRUCTURE PROJECT


BOARD OF EDUCATION
D.C. PUBLIC SCHOOLS
Superintendent of Schools D.C. Public Schools
Associate Superintendent for Instruction
Grants Administrator
Superintendent Region VI
Project Director
Secretary
Coordinator Teachers Component
Coordinator Administrators Component
Coordinator Consultant Component

APPENDIX B

POPULATION OF TARGET SCHOOLS

STUDENT MEMBERSHIP IN THE REGULAR ELEMENTARY AND SECONDARY DAY SCHOOLS, BY REGIONS AND BY ALL SCHOOL LEVELS ON OCTOBER 20, 1977

	Regions							
Level	I	II	III	IV	V	VI	Other[a]	Total
Pre-Kindergarten	482	409	615	580	423	377	-	2,886
Kindergarten	1,955	934	1,255	1,120	1,096	881	-	7,241
Grades 1-6[b]	15,190	6,257	9,444	7,200	8,021	7,844	-	53,956
Grades 7-9	5,940	2,603	6,633	2,790	4,036	5,324	-	27,326
Junior High School students housed in:								
Elementary Schools	186	412	115	-	142	298	-	1,153
Senior High Schools	50	217	-	-	-	38	-	305
Grades 10-12	4,260	2,538	5,448[c]	3,433	3,292	3,828	-	22,799[c]
Ellington School of the Arts	-	-	-	-	-	-	451	451
Career Development Centers	-	-	-	-	-	-	2,225	2,225
Capitol Page School	-	-	-	90	-	-	-	90
Special Education[d]	64	25	100	81	57	36	1,170	1,533
Sub-total	28,127	13,395	23,610	15,294	17,067	18,626	3,846	119,965
Tuition Grant Students	-	-	-	-	-	-	539	539
Pre-Schools[e] - Regular	56	34	-	-	38	-	-	128
Pre-Schools[e] - Special Education	3	-	9	6	8	3	11	40
GRAND TOTAL	28,186	13,429	23,619	15,300	17,113	18,629	4,396	120,672

(See next page for footnotes)

APPENDIX C

ANALYSIS OF TEACHERS AND ADMINISTRATORS PARTICIPATING IN THE IMPROVING INSTRUCTION THROUGH SUPERVISION PROJECT

APPENDIX C

No. of Teachers by School Type from Rosters

SES=Special Education School
ES=Elementary School
JHS=Junior High School
HS=High School
RO=Regional Office

			TYPE	
1.	Taft Jr.	= 7	JHS	
2.	Takoma	= 7	ES	
3.	Shaed	= 5	ES	
4.	Keene	= 5	ES	
5.	Burroughs	= 5	ES	
6.	Bunker Hill	= 5	RO	
7.	Backus Jr.	= 10	JHS	
8.	Hamilton Jr.	= 6	JHS	
9.	Brookland	= 6	ES	
10.	Noyes	= 5	ES	
11.	Rudolph	= 5	ES	
12.	Langley Jr.	= 8	JHS	
13.	St. Francis De Salle	= 2	ES	PAROCHIAL
14.	Paul Jr.	= 8	JHS	
15.	Coolidge	= 7	HS	
16.	Rabaut Jr.	= 7	JHS	
17.	Shepherd	= 5	ES	
18.	Webb	= 4	ES	
19.	Woodridge	= 5	ES	
20.	Emery	= 5	ES	
21.	Slowe	= 5	ES	
22.	St. Anthony	= 2	ES	PAROCHIAL
23.	Brightwood	= 5	ES	
24.	Whittier	= 5	ES	
25.	McKinley	= 7	HS	
26.	La Salle	= 4	ES	
27.	Langdon	= 5	ES	
28.	VIC - Visiting Instruction Corps (Special Education School)	= 1	SES	
29.	New Brookland	= 1	ES	
30.	Shepherd & Buchanan	= 1	ES	2 SCHOOLS
		153		

JHS's = 6

IITSP -

TEACHERS RESPONDING: # OF TEACHERS BY SCHOOL

N=70 (From Questionnaires)

1.	Taft Jr. High	JHS	2
2.	Takoma	ES	2
3.	Shaed	ES	2
4.	Keene	ES	5
5.	Burroughs	ES	5
6.	Bunker Hill	ES	5
7.	Backus	JHS	4
8.	Hamilton	JHS	0
9.	Brookland	JHS	1
10.	Noyes	ES	4
11.	Rudolph	ES	0
12.	Langley	JHS	3
13.	St. Francis de Salle	ES	0
14.	Paul Jr.	JHS	1
15.	Coolidge	HS	1
16.	Rabaut Jr.	JHS	8
17.	Shepherd	ES	0
18.	Webb	ES	0
19.	Woodridge	ES	0
20.	Emery	ES	5
21.	Slowe	ES	0
22.	St. Anthony	ES	0
23.	Brightwood	ES	5
24.	Whittier	ES	5
25.	McKinley	HS	2
26.	La Salle	ES	3
27.	Langdon	ES	0
28.	V.I.C. (Langdon)	ES	1
29.	New Brookland	ES	0
30.	Shepherd & Buchanan	ES's	0

Region VI (Ed. Center)		1
Roper Jr.	JHS	1
Nalle Ed. Center	ES	2

APPENDIX D
INSTRUMENTATION

Instrument #2 Participating Administrators Questionnaire

DIRECTIONS FOR ADMINISTRATION

The following instrument is designed to solicit the opinion and perception of administrators in reference to the Improving Instruction Through Supervision Program. The questionnaire should be given to the regional principal; assistant principals, and other administrators who have participated in the clinical supervision administrators training program.

IMPROVING INSTRUCTION THROUGH SUPERVISION PROGRAM EVALUATION

Name of School ____________________ Position ____________________

Instrument #2

PARTICIPATING ADMINISTRATORS QUESTIONNAIRE

Directions: Answer each of the following:

1. What is the major purpose of the Improving Instruction Through Supervision Program?

2. What are the major objectives of the Improving Instruction Through Supervision Program?

   a. ____

   ____

   ____

   b. ____

   ____

   ____

   c. ____

   ____

   ____

   d. ____

   ____

   ____

3. I have participated in the following training session(s) sponsored by the Improving Instruction Through Supervision Program: (list each)

Date	Session(s)	Purpose

4. The skills which I have learned as a result of the training session(s) which I have attended are: (list)

a. ______________________________

____

____

b. ______________________________

____

____

c. ______________________________

____

____

d. ______________________________

____

____

5. As a result of my participation in the administrators training in clinical supervision, the aspects of the model which seem most feasible to use in my school setting are:

a. ______________________ Reason ______________________

b. ______________________ Reason ______________________

c. ______________________ Reason ______________________

d. ______________________ Reason ______________________

6. As a result of my participation in the administrator's training in clinical supervision, the aspects of the clinical supervision model which would not be feasible to use in my school are:

a. ______________________ Reason ______________________

b. ______________________ Reason ______________________

c. ______________________ Reason ______________________

8. As a result of the aspects of the clinical supervision model which I have practiced with teachers in my building this year, I have seen the following changes:

a. ____

____

____

b. ____

____

____

c. ____

____

____

d. ____

____

____

9. As a result of my training and experiences with the clinical supervision model, I would suggest the following changes in the training program for administrators:

a. ____

____

____

B. ____

____

____

c. ____

____

____

10. As a result of my experiences and training in the clinical supervision model, I plan to:

a. ______ Implement the model with all teachers in my school next year.

b. ______ Implement the model only with teachers who have been or are being trained.

c. ______ Implement the model with only those teachers who have been trained.

d. ______ Implement the model only with a few teachers.

e. ______ Other ____

____.

11. If you plan to implement the clinical supervision model in your school next year, what specific plan(s) do you have for implementing the model?

12. What specific affect do you feel implementation of the clinical supervision model will have on your school?

13. As a result of my training and experience in the clinical supervision model, I have made the following changes in my approach to my administrative role:

a. ______________________________

____

____

b. ______________________________

____

____

c. ______________________________

____

____

d. ______________________________

____

____

e. ______________________________

14. The major factor that will influence the success of the implementation of the clinical supervision model in my school is:

a. ______ Teacher tenure

b. ______ My ability to schedule time to work with teachers

c. ______ All teachers being trained in the clinical supervision model.

d. ______ Assistance for the clinical supervision staff and consultant when I need them

e. ______ Other ______________________________

____

15. In what ways do you feel implementation of the clinical supervision model would affect teacher performance in your school?

a. ______________________________

____

____

b. ______________________________

____

____

c. ______________________________

____

____

16. In what ways do you feel implementation of the clinical supervision model would affect student performance in your school?

a. ______________________________

____

____

b. ______________________________

____

____

c. ______________________________

____

____

17. List specific activities which you have implemented in your school related to each of the following:

a. Observation and analysis of classroom teaching

Activity	Date(s)	Purpose	Results

b. Conducting conferences with teachers, using a supportive approach

Activity	Date(s)	Purpose	Results

c. Planning and Providing experiences to produce improved teacher behavior

Activity	Date(s)	Purpose	Results

d. Handling critical incidents

Activity	Date(s)	Purpose	Results

18. How many teachers in your school:

a. Have been trained in the clinical supervision model?

______
Number

b. Have worked with other teachers who have been trained in the clinical supervision model?

______
Number

c. Have you worked with in implementing the clinical supervision model?

1. Trained ______ Number worked with

2. Untrained ______ Number worked with

Instrument #3 Participating Teachers Questionnaire

DIRECTIONS FOR ADMINISTRATION

The following instrument is designed to solicit the opinion and perception of teachers in reference to the Improving Instruction Through Supervision Program. The questionnaire should be given to those teachers who have participated in the clinical-supervision teachers training program.

d. ____

____

____

4. Have you practiced any aspects of the clinical supervision model with other teachers in your school (region)?

a. _____ Yes

b. _____ No

5. List those aspects which you have practiced:

a. ____________________ Results ____________________

____________________ ____________________

____________________ ____________________

b. ____________________ Results ____________________

____________________ ____________________

____________________ ____________________

c. ____________________ Results ____________________

____________________ ____________________

____________________ ____________________

6. My principal/assistant principal and I have implemented the following activities which relate to the clinical supervision model:

a. ____

____

____

b. ____

____

____

c. ______________________________

d. ______________________________

7. As a result of my participation in the training in clinical supervision, the aspects of the model which seem most feasible to use in my school setting are:

a. ______________ Reason ______________

b. ______________ Reason ______________

c. ______________ Reason ______________

d. ______________ Reason ______________

e. ______________ Reason ______________

8. As a result of my participation in the training in clinical supervision, the aspects of the clinical supervision model which would not be most feasible to use in my school are:

a. ______________________________ Reason ______________________

b. ______________________________ Reason ______________________

c. ______________________________ Reason ______________________

d. ______________________________ Reason ______________________

e. ______________________________ Reason ______________________

9. As a result of the aspects of the clinical supervision model which I have practiced with teachers in my building this year, I have seen the following changes:

a. ______________________________

____

____

b. ______________________________

____

____

c. ______________________________

____

____

d. ______________________________

____

____

10. As a result of my training and experiences with the clinical supervision model, I would suggest the follwing changes in the training program for teachers:

a. ______________________________

____

____

b. ______________________________

____

____

c. ______________________________

____

____

d. ______________________________

____

11. As a result of my experiences and training in the clinical supervision model, I plan to:

a. ______ Help principal implement the model with all teachers in my school next year

b. ______ Serve as a helping teacher

c. ______ Other ____

____

12. If you plan to implement the clinical supervision model in your school next year, what specific plan(s) do you have for implementing the model?

13. What specific affect do you feel implementation of the clinical supervision model will have on your school?

14. As a result of my training and experience in the clinical supervision model, I have made the following changes in my approach to my role:

a. ______________________________

____

____

b. ______________________________

____

____

c. ______________________________

____

____

d. ______________________________

____

____

e. ______________________________

____

____

15. The major factor that will influence the success of the implementation of the clinical supervision model in my school is:

a. ______ Teacher tenure

b. ______ My ability to schedule time to work with other teachers

c. ______ All teachers being trained in the clinical supervision model

d. ______ Assistance for the clinical supervision staff and consultant when I need them

e. ______ My principal and assistant principal working with all teachers in the school

f. ______ Other ______________________________

____

16. In what ways do you feel implementation of the clinical supervision model would affect teacher performance in your school?

a. ______________________________

____

____

b. ______________________________

____

____

c. ______________________________

____

____

17. In what ways do you feel implementation of the clinical supervision model would affect student performance in your school?

a. ______________________________

____

____

b. ______________________________

____

____

c. ______________________________

____

____

APPENDIX E

MONITORING SUMMARY REPORTS

REGION VI

CBC MONTHLY MONITORING SUMMARY REPORT

Date March, 1978

[illegible]: 1-Planning Stage 2-Not Operational 3-Partially Operational 4-Fully Operational

	PLANS			CBC TEAM	DETERMINATION OF NEEDS	BUILDING ENVIRONMENT	ACTIVITIES			STAFF DEVELOPMENT	INSTRUCTIONAL SUPPORT	MONITORING	EVALUATION	COMMUNITY PARTICIPATION	LIAISON REGION / CBC TEAM	TESTING PROJECT	SUPERVISION PROJECT
	Staff Development	Action	Community				Classroom	Dept./ Grade Level	School								
Coolidge	4	4	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[illegible]	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[illegible]	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[illegible]	4	4	3	4	4	4	4	4	4	4	4	4	4	3	4	4	3
[illegible]	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[illegible]	4	4	4	4-	4	4	4	4-	4	4	4	4	4	4	4	4	4
[illegible]	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Taft	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Brightwood	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Brookland	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Bunker Hill	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Burroughs	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Emery	4	4	1	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Keene	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Langdon	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
LaSalle	4	4	3	4	4	4	4	4	4	4	4	4	4	4	4	3	4

REGION VI
CBC MONTHLY MONITORING SUMMARY REPORT

Date March, 1978

Key: 1-Planning Stage 2-Not Operational 3-Partially Operational 4-Fully Operational

SCHOOLS	PLANS			CBC TEAM	DETERMINATION OF NEEDS	BUILDING ENVIRONMENT	ACTIVITIES			STAFF DEVELOPMENT	INSTRUCTIONAL SUPPORT	MONITORING	EVALUATION	COMMUNITY PARTICIPATION	LIAISON REGION/ CBC TEAM	TESTING PROJECT	SUPERVISION PROJECT
	Staff Development	Action	Community				Classroom	Dept./ Grade Level	School								
Noyes	4	4	4	4	4	4	4	4	4	4	4	4	4	3	4	4	4
Rudolph	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Shaed	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Shepherd	4	4	4	4	4	4	4	4	4	4	4	4	4	4			
[illegible]	4	4	4	4	4	4	3	4	4	4	4	4	4	3	4	4	4
[illegible]	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	3
Webb	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Whittier	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Woodridge																	
SUMMARY																	
1. IN PLANNING STAGE			1														
2. NOT OPERATIONAL																	
3. PARTIALLY OPERATIONAL			3				1							3		1	2
4. FULLY OPERATIONAL	24	24	20	24	24	24	23	24	24	24	24	24	24	21	23	22	21

REGION VI
CBC MONTHLY MONITORING SUMMARY REPORT

EVIDENCES / SUMMARY

Date March, 1978

GENERAL COMMENT:	Monitoring for March reflects continuous progress in all areas and a higher degree of commitment on the part of most staff members. A variety of evidences were visible in support of the improvement in most schools.
PLANS Staff Development	All plans fully operational.
Action	All approved and fully operational.
Community	Most plans are fully operational.
C.B.C. Team	All are functioning effectively. Teams continue to initiate and implement C.B.C./Staff development activities, maintain C.B.C. resource rooms, and disseminate material to entire staff.
Determination of Needs	Needs assessments continuously used by all schools to determine and prioritize areas of greatest need.
Development Of Building Environment	Functional, challenging, and attractive bulletin boards which reflects curriculum in most classrooms and building hallways

	most classrooms. Evidences of greater attempt to construct instructional activities that are in performance agreement with objectives. Positive interaction between students and teacher.
Dept./Grade Level	Meeting on regular basis. Sharing of ideas among faculty members and among schools continues.
School	All schools reflect continued evidences of commitment to C.B.C.
Staff Development	All schools plan and implement staff development activities on scheduled dates as determined by needs assessment.
Instructional Support	Support given in all schools as requested by administration, regional staff, peer assistants, and dept./ grade level chairpersons.
Monitoring	Continued self-monitoring by staff and C.B.C. Team in all schools. Observations continued.
Evaluation	Continued assessment of instructional program, C.B.C. activities and staff development in all schools.
Community Participation	Most schools involve community through P.T.A., C.B.C. Parent Seminars, and special interest groups.
Liaison With Regional Team	All school representatives attend regular monthly regional C.B.C. meetings. Cooperative planning with regional staff fosters utilization of services and materials at Educational Center.
Testing	Most schools have testing committees. Variety of staff development activities used to meet project goals. Some application in classroom setting.
Supervision	Continued use of model by administrators. Teachers practicing techniques. Supervision Plans developed and submitted by building teams.

VI-12/77

REGION VI
CBC MONTHLY MONITORING SUMMARY REPORT

Date February, 1978 (Self-Monitoring)

Key: 1-Planning Stage 2-Not Operational 3-Partially Operational 4-Fully Operational

SCHOOLS	PLANS			CBC TEAM	DETERMINATION OF NEEDS	BUILDING ENVIRONMENT	ACTIVITIES			STAFF DEVELOPMENT	INSTRUCTIONAL SUPPORT	MONITORING	EVALUATION	COMMUNITY PARTICIPATION	LIAISON REGION / CBC TEAM	TESTING PROJECT	SUPERVISION PROJECT
	Staff Development	Action	Community				Classroom	Dept./Grade Level	School								
Coolidge																	
McKinley	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	-
Backus	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Hamilton	4	4	3	4	4	4	4	4	4	4	4	4	4	3	4	4	4
Langley	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Paul	4	4	4	4	4	4	4	4	4	4	4	3	4	4	4	4	-
Rabaut	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Taft	4	4	4	4	4	4	3	4	4	4	4	4	3	4	4	4	4
Brightwood	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Brookland	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Bunker Hill	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Burroughs	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Emery	4	4	4	4	4	4	4	4	4	4	4	4	3	4	4	4	4
Keene	4	4	3	4	4	4	4	4	4	4	4	4	4	4	4		4
Langdon	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
LaSalle	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4

REGION VI
CBC MONTHLY MONITORING SUMMARY REPORT

Date February, 1978

Key: 1-Planning Stage 2-Not Operational 3-Partially Operational 4-Fully Operational

SCHOOLS	PLANS			CBC TEAM	DETERMINATION OF NEEDS	BUILDING ENVIRONMENT	ACTIVITIES			STAFF DEVELOPMENT	INSTRUCTIONAL SUPPORT	MONITORING	EVALUATION	COMMUNITY PARTICIPATION	LIAISON REGION/ CBC TEAM	TESTING PROJECT	SUPERVISION PROJECT
	Staff Development	Action	Community				Classroom	Dept./ Grade Level	School								
Noyes	4	4	4	4	4	4	4	4	4	4	4	4	4	3	4	4	4
Rudolph	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Shaed	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Shepherd	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Stowe	4	4	3	4	4	4	4	4	4	4	4	3	3	4	4	4	4
Takoma	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Webb	4	4	4	4	4	4	4	4	4	4	4	4	4	3	4	4	4
Whittier	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Woodridge	4	4	4	4	3	4	4	4	4	4	4	4	4	3	4	3	3
SUMMARY																	
1. IN PLANNING STAGE																	
2. NOT OPERATIONAL																	
3. PARTIALLY OPERATIONAL			3		1		1					2	2	5		1	1
4. FULLY OPERATIONAL	24	24	21	24	23	24	23	24	24	24	24	22	22	19	24	23	23

REGION VI
CBC MONTHLY MONITORING SUMMARY REPORT

EVIDENCES/SUMMARY

Date February, 1978
(Self-Monitoring)

PLANS		
Staff Development	On File	
Action	On File	
Community	On File	
CBC TEAM	Monthly meetings Bi-monthly meetings Regular meetings	CBC Resource Rooms Call meetings
DETERMINATION OF NEEDS	Staff development based on needs Use of Comprehensive Education Plan Suggestion Box Survey Forms	
DEVELOPMENT OF BUILDING ENVIRONMENT	CBC Resource Centers Building bulletin boards Workshop on classroom environment Involvement of staff and students	
ACTIVITIES		
Classroom	Work on problems that have surfaced Long-range and daily plans Variety in learning activities/assessments Demonstrations Need uniform commitment Visible objectives Validation of CBC Curriculum Progress Charts	
Dept./Grade Level	Joplin Plan Regular meetings Skills hierarchy	Team agendas Grade level goals/objectives Sharing among departments
School	Hall bulletin boards Assembly programs CBC Bldg. Hierarchy Immunization Project	Newsletters Student work visible Work w/problem girls

STAFF DEVELOPMENT	Comprehensive Education Plan Planning for 3/9/78 Variety related to CBC Weekly newsletters and staff meeting activities Test-Taking workshops Total year plan Classroom Management Intra-school resources
INSTRUCTIONAL SUPPORT	Peer Assistance Teachers School Based Teachers Regional resources Coordinators Team Leader CBC-TV Request Forms
MONITORING	Assessment by teachers Observations Faculty meeting report CBC monthly questionnaire Meetings Monthly Reports Self-monitoring Dept. monitoring Peer Teachers Administrators Pilot School Report to Research & Evaluation
EVALUATION	TAP On-going Evaluation Building Hierarchy Self Evaluation Special forms for all staff
COMMUNITY PARTICIPATION	Parent Seminar Grade-level parents' meeting Despite efforts, participation could be better Dr. Spady Tutoring CBC Home meeting PTA Cabaret Volunteer Parent Corps PTA Meeting Retired Pupil Personnel Worker Roving Leader Retired Teachers
LIAISON WITH REGIONAL TEAM	Regular attendance at monthly meeting Assistance provided as requested Newsletter/Notes Sharing with staff

TESTING	Special in-house workshops in preparation for spring testing Use of Testing Audio-Visual materials Film on Testing Workshops Establishment of percentage mastery for PMT/PRT Tests Identification of testing committee
SUPERVISION	Development of plan for peer supervision for 1978-1979 Plan used by building administrators Observations by administrators as requested

VI-12/77

REGION VI
CBC MONTHLY MONITORING SUMMARY REPORT

Date January, 1978

Key: 1-Planning Stage 2-Not Operational 3-Partially Operational 4-Fully Operational

SCHOOLS	PLANS			CBC TEAM	DETERMINATION OF NEEDS	BUILDING ENVIRONMENT	ACTIVITIES			STAFF DEVELOPMENT	INSTRUCTIONAL SUPPORT	MONITORING	EVALUATION	COMMUNITY PARTICIPATION	LIAISON REGION / CBC TEAM	TESTING PROJECT	SUPERVISION PROJECT
	Staff Development	Action	Community				Classroom	Dept./ Grade Level	School								
Coolidge	4	4	3	4	4	3	3	3	3	4	3	3	3	3	4	1	3
McKinley	4	4	3	4	4	4	4	4	4	4	4	4	4	3	4	4	4
Backus	4	4	4	4	4	4	4	3	4	4	4	3	3	4	4	4	4
Hamilton	4	3	3	4	4	4	4	4	4	4	4	4	4	3	4	3	1
Langley	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Paul	3	4	1	4	4	3	3	3	3	4	4	3	3	3	4	4	4
Rabaut	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Taft	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Brightwood	4	4	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Brookland	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Bunker Hill	4	4	4	4	4	4	4	4	4	4	4	4	3	4	4	4	4
Burroughs	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	3
Emery	4	4	4	4	4	4	4	4	4	4	4	4	3	4	4	4	4
Keene	4	4	3	4	4	3	3	4	3	4	4	4	3	3	4	4	–
Langdon	3	4	4	3	4	3	3	3	3	3	3	4	3	4	4	3	2
LaSalle	4	4	3	4	4	4	4	4	4	4	4	4	4	4	4	4	3

REGION VI
CBC MONTHLY MONITORING SUMMARY REPORT

Date January, 1978

Key: 1-Planning Stage 2-Not Operational 3-Partially Operational 4-Fully Operational

SCHOOLS	PLANS			CBC TEAM	DETERMINATION OF NEEDS	BUILDING ENVIRONMENT	ACTIVITIES			STAFF DEVELOPMENT	INSTRUCTIONAL SUPPORT	MONITORING	EVALUATION	COMMUNITY PARTICIPATION	LIAISON REGION/ CBC TEAM	TESTING PROJECT	SUPERVISION PROJECT
	Staff Development	Action	Community				Classroom	Dept./ Grade Level	School								
Noyes	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Rudolph	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Shaed	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Shepherd	4	4	3	4	4	4	4	4	4	4	4	4	3	4	4	4	4
Slowe	4	4	3	4	4	3	3	4	3	4	4	3	3	3	4	4	4
Takoma	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Webb	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Whittier	4	4	4	4	4	3	3	4	4	4	4	3	4	4	4	4	4
Woodridge	4	4	4	4	4	4	4	1	4	4	4	4	3	4	4	4	4
SUMMARY																	
1. IN PLANNING STAGE			1					1								1	1
2. NOT OPERATIONAL																	1
3. PARTIALLY OPERATIONAL	2	1	8	1		6	6	4	5	1	2	5	10	6		2	3
4. FULLY OPERATIONAL	23	24	16	24	25	19	19	20	20	24	23	20	15	19	25	22	19

REGION VI
CBE MONTHLY MONITORING SUMMARY REPORT

EVIDENCES/SUMMARY

Date January, 1978

GENERAL COMMENT:	Monitoring for January has indicated visible progress in all areas, higher degree of commitment on the part of staff members, more evidences of implementation, and improvement in all areas listed below.
PLANS	
Staff Development	All plans operational.
Action	Plans approved for all schools.
Community	Most plans are partially operational.
CBC TEAM	Well functioning body in all schools, Continues to initiate and implement CBC and staff development activities; maintains and keeps up to date CBC resource rooms; disseminates material to school faculties.
DETERMINATION OF NEEDS	Needs assessments made by all schools to determine and prioritize areas of greatest need.
DEVELOPMENT OF BUILDING ENVIRONMENT	Attractive, meaningful bulletin boards which reflect curriculum in most classrooms and building hallways.
ACTIVITIES	
Classroom	Informal objectives in use as means of incorporating CBC strategies in most classrooms; evidences of attempt to make instructional strategies appropriate and varied; CBC classroom observation guide in use in some schools.
Dept./Grade Level	Meet on regular basis. Continued sharing of ideas among faculty members and among schools.
School	Continued evidences of commitment to CBC shown.
STAFF DEVELOPMENT	Most schools plan and implement staff development activities on scheduled dates and as determined by special needs.
INSTRUCTIONAL SUPPORT	Support given as requested by administration regional staff, peer assistants and dept/grade level chairpersons.
MONITORING	Continued self-monitoring by staff and CBC team; observations continued.

EVALUATION	Continued assessment of instructional program, CBC activities and staff development.
COMMUNITY PARTICIPATION	Most schools involve community through PTA, use of parent observation form.
LIAISON WITH REGIONAL TEAM	All school representatives attend regular regional CBC meetings where through joint planning with regional staff services and materials of Educational Center are utilized.
TESTING	Variety of staff development activities to meet goals of project; more buildings have established testing teams.
SUPERVISION	Limited use of model by administrators; planning under way to provide means for teachers to utilize instruction in use of clinical supervision.

Gary Freeman

Assistant Superintendent, Region VI

VI-12/77

Gary Freeman

REGION VI
CBC MONTHLY MONITORING SUMMARY REPORT

Date December , 1977

Key: 1-Planning Stage 2-Not Operational 3-Partially Operational 4-Fully Operational

SCHOOLS	PLANS			CBC TEAM	DETERMINATION OF NEEDS	BUILDING ENVIRONMENT	ACTIVITIES			STAFF DEVELOPMENT	INSTRUCTIONAL SUPPORT	MONITORING	EVALUATION	COMMUNITY PARTICIPATION	LIAISON REGION / CBC TEAM	TESTING PROJECT	SUPERVISION PROJECT
	Staff Development	Action	Community				Classroom	Dept./ Grade Level	School								
Coolidge																	
McKinley	4	4	3	4	4	4	4	4	4	4	4	4	4	1	4	2	3
Backus	4	4	4	4	4	4	4	3	4	4	4	3	3	4	4	4	4
Hamilton	4	1	3	4	4	4	4	4	4	4	4	4	4	3	4	2	2
Langley	4	4	3	4	4	3	4	4	4	4	4	4	4	1	4	4	4
Paul	3	3	1	4	3	3	3	3	3	4	1	3	3	3	4	3	-
Rabaut	4	3	3	4	3	4	4	4	4	4	3	4	3	3	4	4	4
Taft	4	4	4	4	4	4	3	4	4	4	3	4	3	4	4	4	4
Brightwood																	
Brookland																	
Bunker Hill	4	4	3	4	4	4	4	4	4	4	4	3	3	4	4	4	4
Burroughs	4	4	3	4	4	4	4	4	4	4	4	4	4	3	4	4	3
Emery	4	4	3	4	3	4	3	3	3	4	4	4	3	3	4	4	4
Keene	4	4	3	4	4	3	3	3	3	4	4	3	3	3	4	-	-
Langdon	4	4	4	3	3	4	3	3	3	4	3	3	4	4	3	-	-
LaSalle	4	3	3	4	4	3	3	3	3	3	3	3	3	3	4	-	-

REGION VI
CBC MONTHLY MONITORING SUMMARY REPORT

Date December, 1977

Key: 1-Planning Stage 2-Not Operational 3-Partially Operational 4-Fully Operational

SCHOOLS	PLANS						ACTIVITIES										
	Staff Development	Action	Community	CBC TEAM	DETERMINATION OF NEEDS	BUILDING ENVIRONMENT	Classroom	Dept./ Grade Level	School	STAFF DEVELOPMENT	INSTRUCTIONAL SUPPORT	MONITORING	EVALUATION	COMMUNITY PARTICIPATION	LIAISON REGION/ CBC TEAM	TESTING PROJECT	SUPERVISION PROJECT
Noyes																	
Rudolph	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Shaed	4	4	3	4	3	4	4	4	4	4	4	3	3	3	4	4	4
Shepherd	4	4	3	4	4	4	4	3	4	4	4	4	4	4	4	4	4
Slowe	4	4	3	4	4	3	3	4	3	4	4	4	4	3	4	4	4
Takoma	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	3	3
Webb																	
Whittier																	
Woodridge	4	4	3	4	4	4	3	1	3	4	3	3	3	3	3	3	-
SUMMARY																	
1. IN PLANNING STAGE		1	1					1			1			2			
2. NOT OPERATIONAL																2	1
3. PARTIALLY OPERATIONAL	1	3	13	1	5	5	8	7	7	1	5	8	10	10	2	3	3
4. FULLY OPERATIONAL	18	15	5	18	14	14	11	11	12	18	13	11	9	7	17	11	10

REGION VI
CBC MONTHLY MONITORING SUMMARY REPORT

EVIDENCES/SUMMARY Date December, 1977

PLANS Staff Development	Most plans are fully operational.
Action	Most plans are fully operational,
Community	Most plans are partially operational,
CBC TEAM	Most teams are functioning effectively.
DETERMINATION OF NEEDS	Staff development activities are an outgrowth of teacher surveys and needs assessments. Process is ongoing in most schools.
DEVELOPMENT OF BUILDING ENVIRONMENT	Environment should continue to be functional as well as meaningful to students.
ACTIVITIES Classroom	Use of instructional triads, checklists, learning stations, etc. Emphasis should continue to be multi-sensory, multi-level.
Dept./Grade Level	Team planning; objectives & courses of study submitted to principals
School	Prime focus - CBC
STAFF DEVELOPMENT	Variety of workshops, courses, meetings and other activities related to CBC.
INSTRUCTIONAL SUPPORT	Continued support within schools and from Region VI Educational Center.
MONITORING	Observations; CBC Team; Self-monitorings; Pilot school involvement; etc.
EVALUATION	Ongoing process
COMMUNITY PARTICIPATION	Meetings; Parent observations of instructional programs; Parent tutoring; Parent handbooks; Parent workshops.
LIAISON WITH REGIONAL TEAM	Monthly attendance at regional CBC meetings; requests for services & materials; cooperative planning with regional staff; workshops.
TESTING	Implementation of project's objectives; varied staff development activities; need for increased awareness of project objectives and involvement of all in improving test-taking skills.
SUPERVISION	More use of the model is encouraged.

PUBLIC SCHOOLS OF THE DISTRICT OF COLUMBIA

REGION VI

CBC MONTHLY MONITORING SUMMARY REPORT

NOVEMBER, 1977

SUBMITTED BY
GARY FREEMAN
ASSISTANT SUPERINTENDENT

E-18

VI-12/77

REGION VI
CBC MONTHLY MONITORING SUMMARY REPORT

Date NOVEMBER, 1977

Key: 1-Planning Stage 2-Not Operational 3-Partially Operational 4-Fully Operational

SCHOOLS	PLANS						ACTIVITIES										
	Staff Development	Action	Community	CBC TEAM	DETERMINATION OF NEEDS	BUILDING ENVIRONMENT	Classroom	Dept./ Grade Level	School	STAFF DEVELOPMENT	INSTRUCTIONAL SUPPORT	MONITORING	EVALUATION	COMMUNITY PARTICIPATION	LIAISON REGION / CBC TEAM	TESTING PROJECT	SUPERVISION PROJECT
Coolidge	3	3	4	3	2	3	3	3	3	3	3	1	1	3	4	3	3
McKinley	3	3	1	4	1	1	1	1	1	3	1	1	1	1	4	1	1
Backus	4	3	1	4	4	4	3	3	3	4	4	4	3	3	4	3	3
Hamilton	4	1	2	3	4	4	3	3	3	4	3	3	3	2	4	2	2
Langley	4	4	1	4	4	3	3	3	3	4	4	4	4	1	4	4	4
Paul	4	3	1	4	3	3	3	3	3	4		3	-	3	4	4	
Rabaut	4	3	1	3	3	3	3	3	3	4	1	1	1	3	3	3	3
Taft	4	4	3	4	-	4	3	3	3	4	3	3	3	3	4	4	3
Brightwood	4		1	4	4	4	4	4	4	4	4	1	4	4	4	-	-
Brookland	4	4	4	4	4	4	4	4	4	4	2	4	4	4	4	-	-
Bunker Hill	4	4	3	4	4	4	4	4	4	4	4	3	3	4	4	-	-
Burroughs	4	4	3	4	4	4	4	4	4	4	4	4	4	3	4	-	3
Emery	4	4	3	4	4	3	3	3	3	4	4	4	3	3	4	-	-
Keene	4	4	3	4	4	3	3	3	3	4	4	3	3	3	4	-	-
Laugdon	4	4	4	3	3	4	3	3	3	4	4	3	3	4	4	3	2
LaSalle	4	4	1	4	4	4	3	1	3	3	3	3	3		4	1	

REGION VI
CEC [illegible] MONITORING SUMMARY REPORT

Date NOVEM[illegible]

[illegible] Up [illegible]

SCH[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Dept./ Grade Level	School	[illegible]	[illegible] STAFF	MONITORING	EVALUATION	CON[illegible]
Coolidge	3	3	4	3		3	3	3	3	1	1	3
McKinley	3	3	1	4	[illegible]	1	1	3	1	1	1	1
Backus	4	3	1	4	3	3	3	4	4	4	3	3
Hamilton	4	1	2	3	[illegible]	3	3	4	3	3	3	2
Langley	4	4	1	4	3	3	3	4	4	4	4	1
Paul	4	5	1	4	[illegible]	3	3	4		3		3
Rabaut	4	3	1	3	3	3	3	4	1	1	1	3
Taft	4	4	3	4	4	3	3	4	3	3	3	3
Brightwood	4		1	4	4	4	4	4	4	1	4	4
Brookland	4	4	4	4	4	4	4	4	2	4	4	[illegible]
Bunker Hill		4	3	4		4	4	4	4	3	3	
Burroughs	4	4	3	4		4	4	4	4	4	4	3
Emery	4	4	3	4		3	3	4	4	4	3	
Greene	[illegible]	4	3	4		3	3	4	4	3	3	
Langdon	4	4	4	3		3	3	4	4	3	3	
LaSalle	4	4	1	4		3	3	3	3	3	3	

VI-12/77

REGION VI
CBC MONTHLY MONITORING SUMMARY REPORT

Date *NOVEMBER, 197*

Key: 1-Planning Stage 2-Not Operational 3-Partially Operational 4-Fully Operational

SCHOOLS	PLANS			CBC TEAM	DETERMINATION OF NEEDS	BUILDING ENVIRONMENT	ACTIVITIES			STAFF DEVELOPMENT	INSTRUCTIONAL SUPPORT	MONITORING	EVALUATION	COMMUNITY PARTICIPATION	LIAISON REGION/ CBC TEAM	TESTING PROJECT	SUPERVISION PROJECT
	Staff Development	Action	Community				Classroom	Dept./ Grade Level	School								
Noyes	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Rudolph	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	–	–
Shaed	4	4	3	4	3	4	4	4	4	4	4	3	3	3	4	–	–
Shepherd	4	3		4	4	4	3	3	3	4	4	4	3	3	4	3	3
Slowe	4	4	1	4	4	3	3	3	3	4	4	3	3	3	4	3	3
Takoma	4	4	4	4	4	4	4	4	4	4	4	4	4	3	4	3	–
Webb	4	3	1/3	4	4	4	4	4	4	4	4	4	3	3	4	4	4
Whittier	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Woodridge	4	3	3	4	4	4	3	3	3	4	3	1	1	3	4	4	–
SUMMARY																	
1. IN PLANNING STAGE		1	8		1	1	1	1	1		2	5	4	2		2	1
2. NOT OPERATIONAL			1		1									1		1	2
3. PARTIALLY OPERATIONAL	2	8	8	4	4	7	14	14	14	3	5	9	12	14	1	7	7
4. FULLY OPERATIONAL	23	15	7	21	18	17	10	10	10	22	16	11	8	7	24	7	4

Gary Freeman

REGION VI
CBC MONTHLY MONITORING SUMMARY REPORT

EVIDENCES/SUMMARY Date NOVEMBER, 1977

PLANS Staff Development	Negotiated with all school staffs (9/30/77)
Action	Plans submitted by twenty-three schools. Fifteen plans approved
Community	Most plans are partially operational.
CBC TEAM	Well organized in all schools Regular meetings scheduled; resource rooms for CBC established Variety of activities planned and implemented by teams
DETERMINATION OF NEEDS	Staff development activities planned for assessed needs
DEVELOPMENT OF BUILDING ENVIRONMENT	Functional, challenging bulletin boards, etc. Reflection of curriculum evident in many places. Need for more in some situations
ACTIVITIES Classroom	Methods for helping students to understand CBC Working on appropriate stategies Need for variety in types of learning activities
Dept./Grade Level	Special teacher involvement; scheduled released time; time is still an important constraint Sharing among schools
School	Good examples of approaches to CBC Positive attitudes and commitment Efforts are commendable.
STAFF DEVELOPMENT	Cooperative planning and implementation among schools Well defined; schedule of dates; most schools on schedule; variety of activities; special courses arranged
INSTRUCTIONAL SUPPORT	Peer assistance; dept. chairmen/ grade level chairmen give assistance; support from administration; requests to the regional staff, etc.
MONITORING	Observations; CBC team; self-monitoring; pilot school involvement; etc.
EVALUATION	On-going process for the instructional program as well as the staff development activities;
COMMUNITY PARTICIPATION	Regular PTA meetings; open house; use of the parent observation form; visitations, involvement with teachers in staff development
LIAISON WITH REGIONAL TEAM	Monthly attendance at regional CBC meetings; requests for services and materials, etc.; cooperative planning with regional staff; staff visits to the Educational Center
TESTING	Extensive planning, implementation of project's objectives Establishment of testing team; sharing of information and materials; varied staff development activities
SUPERVISION	Limited utilization of clinical supervision model by administrators; constraint of time

APPENDIX F

IN-HOUSE EVALUATION DATA

PUBLIC SCHOOLS OF THE DISTRICT OF COLUMBIA
REGION VI EDUCATIONAL CENTER

ESEA, Title IV, Part C Project — Improving Instruction Through Supervision

Perceptions of Region VI Administrators Relative to Clinical Supervision

(Please circle response)

1. Do you feel that you understand the clinical supervision model? Yes No Undecided

2. Do you feel that you can successfully follow the clinical supervision model with a member of your teaching staff? Yes No Undecided

3. Do you feel that you were provided enough support during the year in your practice of the model? Yes No Undecided

4. Do you feel that you are now able to provide support to project teachers in their practice of the clinical supervision model? Yes No Undecided

5. Do you feel that clinical supervision can actually help improve instruction? Yes No Undecided

6. Do you feel that continued implementation of the supervision project will ultimately provide a strong system of supervisory support for teachers at the local school level? Yes No Undecided

7. Do you feel that as a result of this project you learned anything new this year? Yes No Undecided

8. Do you feel that this year's staff development activity for administrators was worthwhile? Yes No Undecided

9. Are you willing to be video-taped while using the model with a member of your staff? Yes No Undecided

10. How do you regard your proficiency in each of the following areas: (Place an X in the appropriate box.)

a. Observation and analysis of classroom teaching

Very Good	Good	Average	Fair	Poor

b. Conducting conferences with teachers, using a supportive approach

Very Good	Good	Average	Fair	Poor

c. Planning and providing experiences to produce improved teacher behavior

Very Good	Good	Average	Fair	Poor

d. Handling critical incidents

Very Good	Good	Average	Fair	Poor

(over)

11. What in your opinion is the most positive aspect of the supervision project?

12. What do you consider to be the least desirable feature of the supervision project?

13. What do you suggest for next year's professional growth activities for Region VI administrators?

14. Additional comments and/or recommendations concerning any phase of the supervision project

PUBLIC SCHOOLS OF THE DISTRICT OF COLUMBIA
REGION VI EDUCATIONAL CENTER

FINAL EVALUATION OF TEACHER COMPONENT

ESEA, Title IV, Part C Project — Improving Instruction through Supervision

I. Program Format, Content and materials

Please let us know how you regard the following by placing a check in one of the boxes for each category.

	Very Good	Good	Average	Fair	Poor
A. Course Organization	40% ☐	41% ☐	16% ☐	2% ☐	1% ☐
B. Quality of Content	42% ☐	45% ☐	11% ☐	2% ☐	0 ☐
C. Practicality of Content	30% ☐	52% ☐	13% ☐	4% ☐	1% ☐
D. Use of Class Time	35% ☐	47% ☐	13% ☐	5% ☐	2% ☐
E. Variety of Instructional Methods	39% ☐	41% ☐	20% ☐	2% ☐	0 ☐
F. Provision for Individual Participation	56% ☐	32% ☐	12% ☐	0 ☐	0 ☐
G. Handouts	54% ☐	38% ☐	8% ☐	2% ☐	0 ☐
H. Textbook	34% ☐	33% ☐	18% ☐	9% ☐	2% ☐

II. Program Effect (Circle response)

	Yes	No
A. Do you feel that your attitude about supervision has changed? Please explain ____________________	89%	10%
B. Do you feel that you are a part of the Region VI effort to provide support for teachers?	98%	2%

III. General Reaction

1. How do you rate this staff development activity for Region VI teachers?

Very Good	Good	Average	Fair	Poor
56%	36%	5%	2%	0

2. How do you view clinical supervision as an aid in the improvement of instruction?

Very promising	Promising	Undecided	Of little help	Of no help
54%	40%	5%	1%	1%

IV. Recommendations and Comments

A. Recommendations for improving the course ____________________

B. Comments ____________________

PUBLIC SCHOOLS OF THE DISTRICT OF COLUMBIA
OFFICE OF THE ASSISTANT SUPERINTENDENT, REGION VI
SHAED ELEMENTARY SCHOOL
DOUGLAS ST. & LINCOLN RD., N. E.
WASHINGTON, D. C. 20002

OFFICERS' MEETING

Bunker Hill Elementary School
May 18, 1978 9:30 A.M.

AGENDA - GROUP A

9:30 - 10:00	Region VI Business Session	Dr. Gary Freeman
	Evaluation of Region VI Instructional Support Model	
10:00 - 12 Noon	Clinical Supervision Workshop	Dr. Ann Ferren
10:00 - 10:15	Presentation of Teachers Evaluation of the Course	
10:15 - 10:40	Presentation of Article on Pros & Cons of Clinical Supervision	
10:40 - 11:30	Small Group Sessions - Review of Peer Assistance Plans: Langdon, Paul, Rudolph & McKinley	
11:30 - 12:00	Panel Discussion - Relationship Between T.A.P. & C.S.M.	

kl
4/28/78

ESEA, Title IV, Part C Project

Improving Instruction Through Supervision

Perceptions of Region VI Administrators Relative to Clinical Supervision

(39 respondents)

(Please circle response)

1. Do you feel that you understand the clinical supervision model?	Yes 93%	No	Undecided 7%
2. Do you feel that you can successfully follow the clinical supervision model with a member of your teaching staff?	Yes 100%	No	Undecided
3. Do you feel that you were provided enough support during the year in your practice of the model?	Yes 78%	No 14%	Undecided 8%
4. Do you feel that you are now able to provide support to project teachers in their practice of the clinical supervision model?	Yes 92%	No 3%	Undecided 5%
5. Do you feel that clinical supervision can actually help improve instruction?	Yes 95%	No	Undecided 5%
6. Do you feel that continued implementation of the supervision project will ultimately provide a strong system of supervisory support for teachers at the local school level?	Yes 90%	No	Undecided 10%
7. Do you feel that as a result of this project you learned anything new this year?	Yes 92%	No 5%	Undecided 3%
8. Do you feel that this year's staff development activity for administrators was worthwhile?	Yes 100%	No	Undecided
9. Are you willing to be video-taped while using the model with a member of your staff?	Yes 56%	No 21%	Undecided 23%

10. How do you regard your proficiency in each of the following areas: (Place an X in the appropriate box.)

a. Observation and analysis of classroom teaching

Very Good	Good	Average	Fair	Poor
38%	56%	5%		

b. Conducting conferences with teachers, using a supportive approach

Very Good	Good	Average	Fair	Poor
37%	53%	10%		

c. Planning and providing experiences to produce improved teacher behavior

Very Good	Good	Average	Fair	Poor
27%	53%	20%		

d. Handling critical incidents

Very Good	Good	Average	Fair	Poor
50%	40%	10%		

(over)

1. Expected instructional improvement due to attitude changes on the part of the teachers.

2. It offered support.

3. The requirement for pre and post observation conferences.

4. Helps to reduce teacher anxieties. Directions and organization of objectives are understood by both teacher and administrator. Analyzation of the teaching situation is more effective.

5. That supervision of teachers is a high priority part of the instructional effort.

6. The teacher has an opportunity to better him/herself through changes in attitude, image and overall philosophy.

7. I have a better understanding of what I feel to be the true role of the administrato that of a helper to seek positive change where it is needed.

8. Pre-conference and post-conference.

9. The planning, which must be done by the teacher, the analysis of the performance and the recommendations for improvement which ideally should also come from the teacher.

10. Cooperative effort.

11. Involving teachers in setting objectives and planning.

12. That the entire staff become involved and begin a process within the faculty to view Supervision as an aid rather than a threat to their position.

13. The most important aspect is that this type of supervision is to give assistance to improve the instructional program for each student. Emphasis is placed on the best ways or methods that can be implemented in producing the desired outcomes.

14. The course that is offered to teachers as well as using administrators as teachers and group leaders.

15. The ademocratic approach. Problems may be ironed out in conferences.

16. Data collecting, targeting assistance and needs. The use of analytical approach of teaching; the teachers have a better understanding of the role of the supervisor, in that they are becoming less threatened by their administrators, that the role is more supportive rather than critical.

17. Clinical supervision tends to provide a closer working relationship with the rating officer and the teacher. There is a favorable atmospher in the building regarding conferences, observing, and combined planning, including alternative procedures and techniques.

P.M. - #11

1. The sensitiveness to the inadequate teacher.

2. Pre-conference

3. Helps teachers relax their fear about supervisors.

4. Supervisors can be utilized as supportive personnel in order to improve teaching/learning behavior in the classroom.

5. It breaks down barriors, long standing, with teachers and supervisors.

6. Trust outcome

7. The pre-conference stage

1. We do not have any problems in this area.

2. Time management, the amount of time it takes to carry out the total responsibilities of clinical supervision along with the many other responsibilities of an administrator.

3. Classes for administrators were held during school day. Often times, previous commitments interupted continuity of course.

4. The time the observer is expected to observe in the classroom. (T.A.P. can help reduce the in-classroom stay if Form A's are used in the pre-conference)

5. The desirable feature of the supervision project is not being able to complete the project and having opportunities for follow-up.

6. The recording, almost word for word, of the lesson during the observation process.

7. That the peer supervision report in detail the observation that was done and if pr problems occur instead of making the constructive criticism to the teacher asks you to rectify the problems.

8. The model does not seek to promote - "experts or prima-doman" but a caring and sharing attitude on the part of all concerned for the benefit of children.

9. Teacher is given sole responsibility on self analysis, and this may not result in improvement.

10. The organizational patterns of some schools do not allow for release time for peer teachers to get into classrooms or hold department meetings for evaluation sake.

11. The least desirable feature is the amount of time that it consumes. The time is very limited with so many other acitivites or problems or concerns.

12. The selection of teacher participants did not include teachers from all secondary subject areas.

#12

1. Post Conference

2. Time Constraint

3. Time factor

4. I can't say anything negative.

5. Time for number of staff involved.

6. Time element if officer does it.

A.M. - # 13

1. Provision of classroom management techniques such as crisis intervention or behavior modification.
2. I suggest that the course on clinical supervision remain in existence, and that a contact person or persons are available.
3. I would like to see the teachers of this year be given a chance to visit in some of the schools to see the model in operation. More officer training on the team approach, curriculum development, staff priority development and administrators.
4. Use of the administrator on region and system-wide level to help implement model.
5. Guidelines for the improvement of attitudes of staff personnel is greatly needed.
6. Workshops in (1) Conflict Management, Public Relations in regard to Parent Participation, and How to involve teachers and parents in evaluating a Curriculum.
7. More in-depth training in time management. Activities must be planned so that the least amount of time from job be taken.
8. Management problems such as hendling purchasing equipment, fund raising projects, buying books, etc.
9. Continue the design in conjunction with T.A.P. process. Relate TAP to clinical supervision with specific examples and role playing.
10. More help and "practical", realistic help with implementation of the supervision concept.
11. Activities that deal with the responsibilities related to the Learning Disabled Student, Mainstreaming, Behavioral Problemed child
12. More clinical supervision - "real life" situations. Workshops in Human Relations and Communication Skills.
13. Have a team visit schools for staff development of the supervision project.
14. Review of the supervision model at the beginning of the year as well as follow-up activities throughout the year.
15. Continuation of a supervision course. Some kind of sharing of administrators problems.
16. There should be sessions at least several times next year for administrators at the region. Many new and different ideas are conveyed that other building may find useful.

#13

1. Mandatory attendance from each administrator who has not had the complete course.
2. Workshop involving teacher and administrator together.
3. Extentions - How to deal with critical (in detail, difficult problems in supervision.)
4. Individual T.A.P. follow-up (Peer Assistance)
5. Continuation of teacher appraisal projects.
6. Workshop in handling discipline problems.

A.M. - # 14

1. This model of supervision is helpful for any teachers who desire some additional suggestions to improve their stragety and techniques in teaching and classroom management.
2. May be a little too clinical.
3. I recommend a continuation of this project until everyone has a thorough knowledge of clinical supervision.
4. T.A.P. will be supportive to Clinical Supervision and M.B.O.- Region VI thrusts.
5. Where possible, I would like to see specific guidelines for specific personnel in a building. All should not be involved in the same thing.
6. It is time consuming. Assistance is need specifically for purpose of helping poor teachers. Behavioral change should be utmost goal for teachers needing help.
7. I have thoroughly enjoyed the course. I learned so much. This is the model for supervision that I have always thought should be employed. I guess this is because being viewed as a threat is distasteful to me.
8. The teachers who have been trained for clinical supervision have gained confidence in their own ability as teachers and as leaders in effecting change for the better. In the past teahcers tended to ignore the colleague who had problems with classroom control or other problems. Now they have a tool to help that teacher are willing and eager to do so.

#14

1. Hopeful that all teachers can take the course.
2. Do not permit personnel actions to fragment, demoralize or deter Clinical Supervisio Action Plans.

PUBLIC SCHOOLS OF THE DISTRICT OF COLUMBIA
REGION VI EDUCATIONAL CENTER

May 1978

FINAL EVALUATION OF TEACHER COMPONENT

ESEA, Title IV, Part C Project — Improving Instruction through Supervision

I. Program Format, Content and materials

Please let us know how you regard the following by placing a check in one of the boxes for each category.

	Very Good	Good	Average	Fair	Poor
A. Course Organization	40% ☐	41% ☐	16% ☐	2% ☐	1% ☐
B. Quality of Content	42% ☐	45% ☐	11% ☐	2% ☐	0 ☐
C. Practicality of Content	30% ☐	52% ☐	13% ☐	4% ☐	1% ☐
D. Use of Class Time	35% ☐	47% ☐	13% ☐	5% ☐	2% ☐
E. Variety of Instructional Methods	39% ☐	41% ☐	20% ☐	2% ☐	0 ☐
F. Provision for Individual Participation	56% ☐	32% ☐	12% ☐	0 ☐	0 ☐
G. Handouts	54% ☐	38% ☐	8% ☐	2% ☐	0 ☐
H. Textbook	34% ☐	33% ☐	18% ☐	9% ☐	2% ☐

II. Program Effect

(Circle response)

	Yes	No
A. Do you feel that your attitude about supervision has changed? Please explain ______________________	89%	10%
B. Do you feel that you are a part of the Region VI effort to provide support for teachers?	98%	2%

III. General Reaction

1. How do you rate this staff development activity for Region VI teachers?

Very Good	Good	Average	Fair	Poor
56%	36%	5%	2%	0

2. How do you view clinical supervision as an aid in the improvement of instruction?

Very promising	Promising	Undecided	Of little help	Of no help
54%	40%	5%	1%	1%

IV. Recommendations and Comments

A. Recommendations for improving the course ______________________

B. Comments ______________________

Final Evaluation of Teacher Component

II. Program Effect - Comments

1. Yes, I see it now as a mean of helping someone.
2. Attitudes and methods can be changed but the outcome will still be the same
3. I can see necessity of a workable project to aid teacher performance.
4. P.S. is non evaluative - not like an adminstrator's supervision
5. Yes, I don't feel threatened, It's good to have your fellow worker help you in a positive way.
6. Now see supervision as a help rather than someone to criticise
7. My attitude was in tune with peer supervision
8. I realize that supervision doesn't have to be threatening. I hope this model is used by administrators as well as peer supervisors.

III. Recommerdations and Comments

1. Arrange time for observations in each building or give credit as class time. Course should not have gone on into second semester.
2. All teachers and staff of the teaching team be together on repuirements of the course and be honest to the other participants on what will be expected. I think Clinical Supervision is a good course in that it helps a teacher understand better the problem of supervision. But the actual observations and evaluations should be done by supervisory personnel because teachers carry full loads.
3. Allow participants a practice observation which will be returned with comments so that they will know if they are on the right track. Participants should be told at the onset that they are expected to be a permanent fixture of CSM so that they may have the opportunity of choice.
4. I believe that an inherent weakness of this philosophy is that a teacher need not follow any suggestion, may disagree completely and ultimately does not improve instruction in any way.
5. Use another textbook
6. I think students should be exposed to more model situation of peer supervision.
7. I would prefer to get the information given in the large group sessions in the smaller group sessions. This would allow more time for questioning and clarification of various issues. I certainly hope that time is given by the region for developing awareness during staff development days.
8. More visuals-more demonstrations-in small groups less role playing. I felt the lecture instruction were not as infromative as they could have been.

9. Advance and comprehensive planning to provide sufficient material to span duration of course, rather than filling up space with flotsam. Rarely, is it ever a good idea to group elementary teachers with secondary teachers as their respective problems and situations vary greatly.

Final Evaluation of Teacher Component

II. Program Effect - Comments

1. I was doubtful as to how clinical supervision would work in a building with so many experience teachers. Have found successful at this point.

2. I feel more comfortable with the idea and this new approach.

3. Clinical Supervision would/should provide a peer that teachers would feel free to ask for aid. Supervision would be more meaningful.

4. I am now aware that others can help more.

5. Teachers within the building can fill the gap caused by the lack of supervisors from the outside.

6. I have a much better feeling about supervision; it is to be a "help" not a "threat".

7. I see now supervision is really a helping tool rather than a threatening tool.

8. I feel it is not to be feared (sup.)

9. I understand it better.

10. Because it focuses on helping and not criticizing.

11. My attitude changed when I saw it working when I did my practicing.

12. I am more willing to offer help to my fellow teachers.

13. Because of the indepth clarification of Clinical Supervision model.

14. Yes, because Clinical Supervision provides both on the spot assistance and it lets teachers focus on specific problems.

15. Supervision can be positive.

16. It is a long way from the type of supervision I received when I first started teaching.

17. Yes, to help others to do an effective job.

18. Yes, emphasis is now placed where is should be on helping rather than punishment.

19. The extension of supervision to peers.

IV. - Recommendations and Comments

1. More positive approach for the handling of supervision per se. Methods of instruction could be eliminated. Small group sessions - very good.

2. Stress peer assistance at the beginning - change the name of the course. Allow for old model of supervision to be seen with its shortcomings. I would like to see the class meet in a more comfortable physical setting if possible. The chairs in Bunker Hill Auditorium are spaced for elem. children.

3. The course is very effective to meet the needs of the teacher to help the pupils. This program should have been in process earlier. Keep the good work up.

4. Should not have been as long as it was. (covering 2 semesters); or offer more than (3) graduate credits.

5. Less large group and more small group sessions.

6. We should meet again to share experiences. If one member of the team drop out of the course (the early part). another teahcer in the building should be given the opportunity to enroll.

7. The course helped me to take another look my own classroom instruction.

8. Group leaders visit the schools represented to further evaluate the course. An extension of this course with main focus on small groups rather than large groups. The course was informative, helpful and enlightening. Mrs. Johnson was FANTASTIC!!

9. A follow up course in the fall. The course has help me with many situations. I really did enjoy my group.

10. I recommend that the large group (3:30 - 4:30) was too long. I think more time should be spent in small groups. Mrs. Minnie Johnson was an excellent facilitator.

11. No large group instructions. The small group classes were most interesting and meaningful. The instructor was very helpful and considerate of her students. Role - playings were delightful.

12. Not any. It was well run. This has been most helpful to me as a chairperson.

13. I would like Instructors of course to visit the schools. The course has been guide interesting and beneficial - changing my attitude about supervision. The teachers were well informed and qualified.

14. Provide support for individuals who have individual problems to discuss so general ideas can be made free flowing in the class. I am grateful for the class becuase I have benefitted greatly especially with the application of the model to peer supervision. It works!!!

15. Too many large group sessions. Minnie Johnson was a good facilitator for section III

16. This year's class should meet again next year to share experiences and refine techniques.

17. Sessions (large group) should be made more interesting. At times the large group instructor was boring. Small group sessions were always excellent. Small group leader was an excellent personality.

18. A textbook that supports the idea of peer assistance would be more help. I have discusses the class with teachers at my school encouraging them to try to enroll next year.

19. More role playing; more interaction in small groups (less large group settings). Section meetings were very interesting and informative. The sharing of ideas and experiences helped to clarify the program.

II. I felt from beginning that it should be helping and geared to specifics at each time.

2. The supervisor's role now appears to be more a helper rather than a critic.

3. With this kind of approach supervisor should be neither threatening or pressured.

4. By using clinical supervision, teachers are no longer threatened.

5. When it is on the basis of what has been learned in class.

6. Yes, becuase the approach is excellent. If the model is used, changes will be affected.

7. A better understanding of what C.S. is all about.

8. Somewhat. It can be effective with 100% participation.

9. Supervision is shared!

10. I didn't have any idea that it would be so humanistic in its approach to supervision.

11. To some degree, I was comfortable with the traditional model however teachers have been helping each other for years!

12. Yes, I understand the role of a supervisor better.

III. Recommendations and Comments

1. Make sure that all sections do similar so that team members in various sections feel secure.

2. Give more attention to how release time can be arranged for the peer teacher.

3. Send groups of teachers to observe clinical supervision where being practice. - Strive for more teacher participation and awareness of clinical supervision.

4. More effective, My only complaint was that I was too tired to think straight after working all day.

5. I believe junior high teachers should be together for the most part.

6. Instructor was a very strong and creative leader! outstanding! - have acquired a great deal of respect for my group leader.

7. More attention given the planning and execution of the clinical supervision model. - The large sessions were not particularly beneficial. However, the small group setting were very interesting and enlighting. Spend more time on concrete steps in observing.

Final Evaluation of Teacher Component

II. Program Effect - Comments

1. I feel more positive about supervision
2. I have always been somewhat negative about supervision
3. Through the clinical supervision model, it becomes supportive rather than an evaluation which might be negative.
4. It does not appear as a threat the way it once did.
5. Yes I now know the ideal. I wonder if it will work? It really depends on the Principal.
6. I am aware at this point how important your pre-observation conference is.
7. I feel ready to help someone. I also realize that I need help.
8. Yes, if the clinical model can truly be implemented.
9. I like the idea of the teacher and supervisor planning the lesson together.
10. I view it more as a helping situation.
11. I know there is an alternative to the old system.
12. It is much less critical
13. Supervision is more helpful when the threat of rating is removed.
14. Some, I feel more comfortable about clinical supervision that I did in September.
15. Did know whether it would work
16. I feel that with clinical supervision there will be more improvement of instruction not just rating teachers.
17. Yes, I have greater empathy toward other teachers.
18. More understanding of a new fad.

III. Recommendations and Comments

1. All instructors should give the same materials, information and requirements to all enrollees.

2. Work through the model more and earlier in the course. More feed back sooner as to your implementation of the model.

3. Less discussion or babble

4. More teachers from each school should be involved. Administration and teachers should take the course at the same time. Sometimes I feel they have had a completely different course from the reactions we get from them back at the schools.

5. The section leaders should require similar preparations and responsibilities thus eliminiting much confusion.

6. Involve more teachers.

7. I feel that more class time needs to be spent in practing the model. The course was interesting. I feel a great deal better about supervision in general and peer-supervision specifically!

8. More time focused on each portion of the course outline. I would help if we could ofter this course for more teachers.

9. For time and work required should be graduate credit. Should be worked out specifically with administrators first so that specific assignments will be understood by all. Needs assessment could be given so that course could better meet the needs of those who take it.

10. More role playing of the model actually going through the five steps. I hlpe this model can be implemented in the system. I have my doubts, that it would be a workable plan with the hard liners.

11. I think that the large group instruction could have been held in a different setting. I flet that the auditorium was too large and too impersonal.

12. If course is offered during winter months - provide for shorter time period. - Find a better textbook or use the one given more effectively.

13. The program is an excellent idea. What I retained from the course could have been summarized in much less time. Objectives fro small group session were not always clear.

14. Classes should have been divided between elementary and secondary.

Final Evaluation of Teacher Component

II. Program Effect - Comments

1. I feel more at ease with this model
2. I had thought only of the old type of observation done by supervisors.
3. Yes, I feel more comfortable with peer supervision.
4. I am more confident that I will be able to "help" someone else.
5. I see myself as not giving to much advice but giving help and support.
6. Not apprehensive about supervising or being supervised.
7. I will be more aware of helping techniques.
8. Supervision can and should be a positive aid to the classroom teacher.
9. I always tooked at supervision as a threatening aspect.
10. I had the idea that supervision was one of evaluation, now I see it is a service and helping technique.
11. Yes, the whole process seems desirable and effective.
12. A non threatening relationship now exist.
13. I now have a positive attitude about clinical supervision.
14. Yes, I'm more enthusiastic because I would certainly prefer a peer to observe than someone out the the classroom.
15. I was quite skeptical in the beginning.
16. It appears and is a helping type of reinforcement for teachers needing help.

III. Recommendations and Comments

1. Staff development seems to be redundant with admonitioning from the the principal. I'd love a whole day to complete some activities I have been working on for myself - and for several other teachers.
2. Find information specifically dealing with the subject.
3. I think more guidance for making building plans would be helpful.
4. There could have been more role playing and emphasis on how approaches may be made to teacher by peer assistance, and areas which may be covered.
5. I feel all the materials covered could have been done in a shorter period of time. Helpful but too long and drawn out.

6. More hints and practical suggestions for teacher's use i.e. the seating chart and code for pupil responses. Can this be continued for us or is this the end?

7. More direction to peer assistance and eliminiate term supervision

8. I enjoyed and found merit in the small group sessions.

9. Less time in the large group and more time in the small group. Course has been very benefical will be very helpful to improve instructions.

10. The surface mgmt. techniques workshop was superb. Role playing is quite effective. Self growth has happened! Too much talking in 1st hour. NOt enough in small groups.

11. Let course begin with the semester and end with the semester. Informative, interesting, dynamic.

12. Books on time, the objectives stated.

13. Give at least one credit more.

14. A very worthwhile endeavor, and I anticipate an upswing in the quality of instruction.

15. Our instructor was excellent. I enjoy good teachers and she was good!

16. During the course, visit the team in action in the school. This is a course that should be a required for any helping person, supportive staff.

17. Less class time needed; more use of pertinent bibliography (through reprints, etc.) The extent of time of this course should have been specifically defined from first day. I was caught unaware that this would last for practically 1½ years.

18. The course should be taught at a better time frame other than after a long hard day with 130 students.